The Inter-Agency Standing Committee (IASC) published the original *Women, Girls, Boys and Men. Different Needs — Equal Opportunities: Gender Handbook in Humanitarian Action* in 2006. The purpose of the handbook was to provide humanitarian actors with guidance on gender analysis, planning and actions to ensure that the needs, priorities and capacities of women, girls, men and boys are considered in all aspects of humanitarian response. The first edition predated the more recent humanitarian reform and Transformative Agenda processes and as such, did not reflect the current iteration of the sector system, the IASC Gender Marker, the Humanitarian Programme Cycle and other advances in humanitarian coordination, leadership, accountability and partnership. After wide consultations with IASC members, sector leaders, field users and donors, the Gender Handbook has been updated. The revised version is a concise guide built upon lessons learned by the humanitarian community and reflects the main challenges faced in ensuring that gender is adequately integrated into humanitarian planning and programming. The handbook is complemented by detailed information found in the regularly updated online platform. The review of the handbook was undertaken by the IASC Gender Reference Group in 2016. It was endorsed by the IASC to meet collective commitments on gender equality in humanitarian action.
Foreword

Monique Pariat, Director-General, Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO), European Commission
Natural and man-made crises have a different impact on women, girls, boys, men. The European Union is committed to ensuring that all its humanitarian aid operations integrate gender and age, as a matter of quality and effective programming. I am therefore pleased that the European Union, through its Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO), has supported this timely revision of the 2006 version of the Inter-Agency Standing Committee (IASC) Gender Handbook for Humanitarian Action.

This Handbook usefully stresses that ensuring that all people affected by crisis are reached with a needs and capacities-adapted response is a matter of quality and effective programming, and is no longer a negotiable requirement for humanitarian actors. Integrating gender considerations into humanitarian programming contributes to enhancing access to assistance. By fostering meaningful participation of women, girls, men and boys, we can design our responses better. Affording protection to all groups in vulnerable situations must be a cornerstone of our efforts. We all need to do more to prevent and mitigate protection risks and ensure that adequate responses are provided. I hope that this Handbook will become an international resource that contributes to this work.

With the finalization of this review of the Handbook, humanitarian actors now have a comprehensive package of guidance on gender mainstreaming and on addressing and preventing gender-based violence at their disposal: the IASC Gender Handbook, the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, as well as the upcoming revised IASC Gender-Age Marker. I urge all humanitarian actors to make use of these important tools; their complementarity and interplay can make a significant contribution to ensuring that the needs of women, girls, men and boys are taken into consideration at all stages of humanitarian relief operations.

Let me end by stressing that integrating gender in humanitarian action is a shared responsibility. It is a responsibility for all humanitarian aid workers, no matter what sector they work on. It is my hope that this Handbook, which provides practical guidance on integrating gender into 11 sectors, will help fulfil this responsibility.

Monique Pariat
Foreword

Mark Lowcock, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator
Around the world, armed conflicts and natural disasters are exacting a massive toll on the lives of millions of people. In each and every one of these humanitarian crises, we know that women and girls are affected differently than men and boys, and that vulnerabilities are often exacerbated by other factors such as age, disability, sexual orientation, ethnicity or religion.

Gender equality and the empowerment of women and girls are at the very core of principled and effective humanitarian action. As humanitarians, it is our fundamental responsibility to protect and promote the rights of all people we serve. To this end, we need to understand the specific needs, capacities and priorities of women, girls, boys and men, and integrate this understanding throughout the programme cycle. It also means we must facilitate the active participation and leadership of women and girls in humanitarian action and beyond; and promote transformative change for more inclusive and equitable societies.

On behalf of the Inter-Agency Standing Committee (IASC), I am pleased to present this updated version of the Gender Handbook in Humanitarian Action. It is an important resource that will help humanitarian actors build on IASC commitments on gender equality and women and girls in humanitarian action, with the aim of delivering more effective, rights-based programming. The Handbook offers practical guidance to ensure that gender equality and women’s empowerment are mainstreamed throughout the assessment, planning, resource mobilization, implementation and monitoring stages of the humanitarian programme cycle.

On behalf of the IASC, I would like to extend our appreciation to everyone involved, across many organisations, for their considerable investments in both capital and human resources towards the development of this new Gender Handbook for Humanitarian Action.

As the humanitarian community moves forward in its shared responsibility to leave no one behind, I am sure this Handbook will be an instrumental resource for partners around the world.

Mark Lowcock
Acknowledgements

The review of the 2006 version of this handbook was initiated by the IASC Gender Reference Group and led by UN-Women and Oxfam, with substantive contributions from a multi-stakeholder Steering Committee comprising representatives of CARE, GenCap, InterAction, OCHA, UNFPA, UNHCR, WFP, WRC and DG ECHO as an observer.

This update of the handbook was supported by funding from the European Commission’s Directorate-General for European Civil Protection and Humanitarian Operations (ECHO), and with co-funding from the Swedish International Development Cooperation Agency, Sida.

In a quest to make it practical and user-friendly, this revised edition of the IASC Gender Handbook benefits from the feedback of more than 250 stakeholders worldwide including: government entities; donors; United Nations agencies and sectors; and international and national non-governmental and civil society organizations, including the Red Cross movement. Additionally, technical contributions were provided by members of the sector leadership system of the IASC and a host of gender specialists.

More specifically, the following agencies and organizations contributed to the development of the IASC Gender Handbook. This updated version contributes to gender equality and women’s empowerment programming and outcomes in humanitarian action around the world.
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## Gender equality and specific sectors

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Introduction

Humanitarian action provides life-saving services and facilitates recovery for communities affected by armed conflict, natural disasters and other complex emergencies. The responsibility of humanitarian actors to promote gender equality is supported by a normative framework validated by extensive field experience. 1

This handbook sets out the rationale for integrating gender equality into humanitarian action and provides practical guidance for doing so across sectors. The main objective is to support humanitarian actors in reaching all people affected by crisis by:

1. Ensuring that the specific needs, capacities and priorities of women, girls, men and boys are identified and that assistance targets the persons and groups most in need;

2. Informing women, girls, men and boys of their entitlements and available resources and engaging their participation and women’s leadership in programme design; and

3. Monitoring and evaluating the impact of our programmes and strategies on those we assist, including identifying and dismantling barriers and discrimination, including by promoting and enabling women’s leadership at the community level and in other decision-making processes.
The handbook is divided into the following three sections:

PART A explains the basics of gender and why the integration of gender equality and women’s empowerment is essential to effective, participatory and equitable humanitarian protection and assistance.

PART B explains how to integrate gender into the different phases of a programme cycle, using the United Nations-led humanitarian coordination process — the Humanitarian Programme Cycle (HPC) — as the working example.

PART C provides specific guidance in 11 sectors: cash-based programming; camp coordination and camp management; early recovery; education; food security; health; livelihoods; nutrition; protection; shelter; and water, sanitation and hygiene (WASH). This section sets out the key ways in which gender affects the outcomes of specific sectors and can be integrated across the HPC. The handbook provides practical guidance on developing sector-specific solutions using gender analysis. Given the importance of cross-sectoral coordination, where possible sector actors should review the content of all relevant sections and not just those that apply directly to their sphere of operations.

The target audience is front-line humanitarian actors across all sectors, including United Nations agencies, local and international non-governmental organizations (NGOs) and government agencies. The handbook is designed to be practical and concise for use in the field and is not exhaustive. It is designed to be used in conjunction with the online platform www.gihahandbook.com. Here, users will find detailed information and links to other guidance documents and platforms. The handbook is also intended as a resource for gender specialists to support their work in integrating gender equality into humanitarian settings.

It is expected that the handbook will be used alongside other resources for humanitarian actors such as the IASC ‘Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action’ (https://tinyurl.com/ycecs8k6v), which includes sector-specific guidelines to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence (GBV) in humanitarian response as well as the ‘SPHERE Handbook’ (https://tinyurl.com/ybekpt6u) which provides a detailed discussion of the minimum standards and key actions which need to be in place to ensure a life with dignity for the affected population with a focus on the areas of WASH, food security and nutrition, shelter and non-food items (NFIs) and health action.

This Gender Handbook for Humanitarian Action draws upon many tools, guidance documents and other resources developed by the United Nations, national and international NGOs and academic sources. Each sectoral chapter features a list of resources specific to that area of concern.

Normative framework for gender equality in humanitarian action
Why gender equality is essential to humanitarian action
Effective, equitable and participatory humanitarian action cannot be achieved without understanding and responding to the specific needs, priorities and capacities of diverse women, girls, men and boys in different age groups (Box A1). Integrating gender equality also reinforces a human rights-based approach to humanitarian action which improves programming by respecting and protecting the universally recognized rights and dignities of every individual as a human being. Incorporating gender equality in humanitarian action therefore enhances the impact of humanitarian strategies and interventions. The answers to the questions, “what is gender?”, “what is gender equality?” and “why is it essential to humanitarian action?” are explained below.
What is “gender”?

Gender is a social construct built through cultural, political and social practices that defines the roles of women, girls, men and boys, as well as the social definitions of what it means to be masculine and feminine. Gender roles are taught, learned and absorbed and vary between and even within cultures. Gender often defines the duties and responsibilities expected of women, girls, men and boys at any given time of their lives and sets some of the barriers they may face or opportunities and privileges they may enjoy throughout their lives.

Gender, along with age, sexual orientation and gender identity, determines the power which women, girls, men and boys have and their ability to access and control resources. For instance, although international legal frameworks guarantee equal rights to women and men, the lived experiences of women, girls, men and boys are different. In most contexts, men and boys play gender roles which often hold more social, economic and political power than those of women and girls. Consequently, men and boys exercise more decision-making power and autonomy over their own lives and over the decisions in their communities and families. Conversely, women and girls often lack the power to manage their own lives, including making decisions over their own bodies, marital status and having access to social, economic or political resources.

Whilst gender is the primary focus of this handbook, a person’s standing in any given society is also affected by other diversity factors such as disability, social class, race, caste, ethnic or religious background, nationality, language, economic wealth, level of education, marital status, displacement situation, sexual identity and urban/rural setting. (See annex 1 for all gender-related definitions.)
Often, sexual and gender minorities experience negative consequences for not adopting gender roles and characteristics assigned by society. Risks include discrimination, prejudice and stigma, increased exposure to violence, difficulty accessing humanitarian services and being overlooked during consultation when the protection and humanitarian needs of a crisis-affected population are identified. Lesbian, gay, bisexual, transgender and/or intersex (LGBTI) individuals, for example, often face a wide range of challenges and threats in their everyday lives and these can worsen in crisis settings. Moreover, LGBTI persons who speak out against violence, who do not conform to traditional roles or who speak out against power imbalances also often face increased threats of violence by community members, strangers and people within their own families and become more vulnerable to harm. At the same time, the risks and challenges faced by LGBTI individuals vary and targeted actions informed by the differences in experiences are required. For instance, as noted by the Women’s Refugee Commission (WRC), “although gay men in Beirut shared that they do not feel safe walking around certain areas of the city and fear being stopped by the police, they do not, on average, experience anywhere near the level of daily violence faced by transwomen. Lesbians are a particularly hidden population, often targeted for violence within their families and subjected to “corrective” measures such as rape and forced marriage”. ²

The consideration of gender throughout all humanitarian work, therefore, is a powerful means to accurately identify the rights, needs, priorities and capacities without discrimination of all crisis-affected persons, particularly those women, girls, men and boys most in need.

**What is “gender equality”?**

Gender equality, or equality between women and men, refers to the equal enjoyment by women, girls, men and boys — of all ages, sexual orientations and gender identities — of rights, goods, opportunities, resources, rewards and quality of life. It is important to differentiate between gender equality and gender equity. Gender equity relates to women, girls, men and boys having access to the rights, resources, services and opportunities, etc. defined by their specific needs. For example, health provision that is gender-equitable would include not only general comprehensive health care but also a wide range of services, such as reproductive health, that are essential, for the specific differing needs of women and men.

In turn, gender equality means that all human beings are free to make their own choices without the limitations set by gender roles. Equality means that the diversity in behaviour, needs and aspirations of women and men is equally valued and considered. This does not mean that women and men are the same, but that their enjoyment of rights, opportunities and life chances are equal and not governed or limited by their gender and the systems that maintain it.

It is also necessary to note that gender equality is not only a women’s issue but also concerns and requires the full engagement of men. While globally women and girls are most often constrained by unequal power imbalances within gender roles, the lives of men and boys are also strongly influenced by these roles, societal norms and traditional expectations. Men and boys are also held to rigid expectations of masculinity that shape their behaviour and limit their actions and responsibilities. The achievement of gender equality consequently also implies the inclusion of men for the development of more equitable relationships and equal participation of women, girls, men and boys.
Gender equality programming uses robust analysis of the different needs, roles, relationships and experiences of women, girls, men and boys in the assessment, planning, implementation and review of the assistance (including protection). The promotion of gender equality in programming not only increases the effectiveness of humanitarian action but also upholds our moral and legal obligations to protect the dignity and rights of all people by operating according to the principle of non-discrimination and bolstering our mandates to serve the most vulnerable individuals.

Whilst gender is a defining aspect of GBV and sexual and reproductive health and rights (SRHR), humanitarian programming that addresses gender equality and women’s empowerment is not interchangeable with GBV or SRHR programming.

GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on power imbalances and socially ascribed (i.e., gender) differences between women, girls, men and boys. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private. Examples include rape; intimate partner violence and other forms of domestic violence; forced and/or coerced prostitution; child, early and forced marriage; female genital mutilation/cutting (FGM/C); female infanticide; trafficking for sexual exploitation and/or forced labour; and sexual violence including rape.

Sexual and reproductive health and rights refers to the right of every person to make their own choices regarding partners, family planning and the right to access information needed to support these choices.

Gender equality programming supports equal access to and participation in humanitarian services by all diverse members of a crisis-affected population. Within this framework, women’s and girls’ empowerment programming seeks to change power relations that assign women and girls a low social status in an effort to redress debilitating inequality. Such programmes regard women and girls as agents of change and focus on reinforcing their own abilities to address their own needs, thus enabling a transformative change which disrupts gender stereotypes, bridges the humanitarian/development divide and allows for long-term sustainable change.

Gender equality programming comprises two main strategies: gender mainstreaming; and targeted actions using evidence-based assessment and gender analysis.
Gender mainstreaming is shorthand for saying that the impact of all policies and programmes on women and men should be considered at every stage of the programme cycle, from planning to implementation and evaluation. In crisis situations, mainstreaming a gender focus from the outset:

- Allows for a more accurate understanding of the situation;
- Enables us to meet the needs and priorities of the population in a more targeted manner, based on how women, girls, boys and men have been affected by the crisis;
- Ensures that all people affected by a crisis are acknowledged and that all their needs and vulnerabilities are taken into account; and
- Facilitates the design of more appropriate and effective responses.

**Targeted actions:** Through evidence-based assessment and gender analysis, implementing humanitarian agencies can identify the specific protection and assistance needs of individuals or groups within an affected population. Addressing the specific needs of women and girls may best be done in some circumstances by taking targeted action. In effect, women and girls may need different treatment in order to produce equality in outcomes, i.e., to level the playing field so that women can benefit from equal opportunities. This is the principle behind measures to provide special stipends to encourage families to send girls to school, for example, or to give special protection to women and girls affected by GBV.

Targeted actions should not stigmatize or isolate the targeted beneficiaries; rather, they should compensate for the consequences of gender-based inequality such as the long-term deprivation of rights to education or health care. This is important as in many situations women and girls are more disadvantaged than men and boys, have been excluded from participating in public decision-making and have had limited access to services and support. Targeted actions should empower women and build their capacities to be equal partners with men in working towards resolving conflict, solving problems caused by displacement, helping with reconstruction and return and building durable peace and security. Each sector should identify specific actions that could promote gender equality and strengthen women’s capacities to enjoy their human rights.

Sections B and C of the handbook will provide guidance on how to mainstream gender throughout the HPC and how to identify any targeted actions necessary to meet the specific needs of women girls, men and boys by using evidence-based assessment and gender analysis.

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**BOX A4**
A UNDP programme in Gujarat, India (https://tinyurl.com/yagcpa9l) offered search and rescue training to local women, teaching them lifesaving skills. In addition to increased disaster preparedness, the training helped the community to appreciate the role of women and challenged stereotypes about gender roles.

*GENDER AND DISASTERS, UNDP 2010, HTTPS://TINYURL.COM/YCGZGJWU*
1. GENDER INEQUALITIES EXIST BEFORE A CRISIS

Cultural practices regarding gender provide some of the most fundamental sources of inequality and exclusion around the world. The underlying roots of gender injustice stem from social and cultural dimensions and manifest themselves through economic and political consequences, amongst many others. Whilst progress has been made in reducing gender inequalities against women and girls in areas such as school enrolment, life expectancy and labour force participation, many challenges remain. Various indices provide evidence of existing inequalities and the slow progress towards achieving gender equality worldwide (Box A3).

Gender equality exists when women and men are able to equally share power, resources and influences. Within the global context, however, inequalities are pervasive and women generally are the most disadvantaged and excluded from accessing opportunities and independence.
For instance, women and girls often have less access to education because of barriers reinforced by traditional gender roles through which women are seen singularly as caregivers, limiting their personal ambitions, talents and interests. One result of this inequality manifests as a lack of financial and social independence from men and boys. Power imbalances also make women and girls more vulnerable to GBV and domestic abuse. Due to the aforementioned lack of livelihood opportunities and cultural pressures, women and girls can be forced into marriages, limiting their personal autonomies and capacities to contribute to their communities free from intimidation, violence and coercion.

These long-standing inequalities can be addressed as part of crisis preparedness work (Box A4). Sound gender analysis and programming from the outset are key to effective crisis response in the short term and equitable and empowering societal change in the long term.

2. CRISSES IMPACT WOMEN, GIRLS, MEN AND BOYS DIFFERENTLY

The needs and interests of women, girls, men, and boys vary, as do their resources, capacities and coping strategies in crises. The pre-existing and intersecting inequalities referred to above mean that women and girls are more likely to experience adverse consequences.

In crisis and post-crisis settings, women often find themselves acting as the new head of their households due to separation or loss of male household members. For example, one in four of all Syrian refugee families in Egypt, Iraq, Jordan and Lebanon are headed by women. In Mali, more than half of displaced families are headed by women. But they are not always able to access resources and life-saving support because there is no assistance for child care, and acquiring resources like food or water can be dangerous tasks. Consequently, women and girls are more likely to suffer from food insecurity in emergency settings. This creates a context in which women are more susceptible to abuse and exploitation and are more likely to be forced to engage in sexual transactions for money and access to services. As men generally have greater control over income, land and money, their coping mechanisms differ. Additionally, due to shifting power dynamics in gender roles, women may experience a backlash from men who are unable to play their traditional roles as wage earners, heads of households and providers. Men may become humiliated and frustrated by the rapid changes in crisis settings and this may manifest as an increase in domestic violence.

Women and girls are neither exclusively nor solely the passive victims of crisis. Men and boys should not be seen solely as perpetrators of violence. Gender norms adversely affect men and boys who often are expected to risk their lives or health to protect their communities. For instance, men and boys are more likely to engage in combat and make up the majority of casualties caused by war and conflict. Similarly, boys are frequently vulnerable to forced recruitment by armed groups and are more likely to die in combat within crisis settings. Additionally, single-male heads households face unique needs, as they often do not have the skills to cook and care for young children, as these responsibilities are traditionally and exclusively assigned to women and girls.

When women and men are included equally in humanitarian action, the entire community benefits. For instance, women as well as men usually are among the first responders to a crisis and play a central role in the survival and resilience of families and communities. It is their right that their perspectives be heard in humanitarian response from the outset. Often local women’s organizations, youth and LGBTI support groups are well placed to respond to crisis and identify solutions in ways that can help to combat gender inequalities and barriers to inclusion in humanitarian response efficiently and sustainably.

Why gender matters in humanitarian contexts, at a glance

Crises can exacerbate pre-existing gender inequalities. Women may be excluded from preparedness planning due to their social roles (e.g., they are not engaged in first aid training or systems for early warning). Their socially prescribed roles can make it difficult to seek safety (e.g., caretaking, restrictions on travelling alone or on staying
BOX A5
After the 2015 earthquake in Nepal, it was reported that women and persons of lower castes had a much harder time accessing humanitarian assistance than did men and persons of higher castes. The majority of Nepali volunteers were high-caste and sometimes prone to prioritizing high-caste earthquake victims. Female members of the lower castes were especially vulnerable due to discrimination based both on their caste and gender.

NEPAL EARTHQUAKE CASE STUDIES, DARTMOUTH UNIVERSITY 2016

BOX A6
Repeated droughts over the past 10 years in the Sahel region in Africa have generated chronic and at times severe food and nutrition insecurity. Throughout the Sahel, women are more vulnerable due not only to the crisis itself but also to the social, cultural and economic discriminations they face. In Niger, CARE’s Village Savings and Loan Association programmes have helped women to form collective saving groups to strengthen and diversify their livelihoods. Through CARE’s gender-transformative approach, the programmes have strengthened women’s resilience. The accumulation of productive assets and food stocks as well as increased adaptive knowledge have strengthened solidarity and reinforced women’s confidence. As a result, beneficiaries are better prepared for future shocks and ready to assume leadership roles in the community.

CARE INTERNATIONAL, EMPOWERING WOMEN AND GIRLS AFFECTED BY CRISIS, 2016
at shelters with non-related men). Young men may face forced recruitment into the military or armed groups. As economies are strained, for instance, girls are frequently withdrawn from school to support the home or forced into early marriage in the hope that they will be provided for and better protected.

**Women, girls, men and boys have specific needs during a crisis.** Pregnancy-related death is the second leading cause of death for women in any context and 60 per cent of such deaths happen in humanitarian settings. Risks of sexual violence are also experienced differently based on gender and gender roles, with an estimated one in five refugees or displaced women in complex humanitarian settings experiencing some form of sexual violence.

**Women, girls, men and boys have specific viewpoints and capacities.** Differing roles and life experiences often lead to varying perspectives as how best to respond in emergency situations. By tapping into these differences, humanitarian workers can better target diverse groups and especially those individuals most in need of support.

### 3. Integrating Gender Into All Humanitarian Programming Is Therefore Essential

When women and men are included equally in humanitarian action, their entire communities benefit. As members of crisis-affected communities, women as well as men are among the first responders and play a central role in the survival and resilience of their families and communities. As such, their inputs into identifying humanitarian needs and potential solutions are crucial in formulating any response. Local women's groups, youth, persons with disabilities of both genders and LGBTI groups, where they are active, are often well placed to mobilize change, identify solutions and respond to crises in ways that can help to combat gender inequalities and barriers to inclusion.

The integration of gender into humanitarian programming helps to ensure that the particular needs, capacities and priorities of women, girls, men and boys — related to pre-existing gender roles and inequalities, along with the specific impacts of the crisis — are recognized and addressed. **Achieving gender equality and promoting women's empowerment in humanitarian action ensure that the response is equitable and both establishes and protects the human rights and fundamental freedoms of all persons.** Gender equality programming contributes to realizing the right to meaningful and relevant participation (including by girls and boys and older men and women), affords protection, increases access to assistance and self-reliance and promotes transformative change. It also leads to better quality and more effective humanitarian outcomes for individuals, households and communities. The key benefits of promoting gender equality and women's empowerment in humanitarian action include:

**A. Facilitating the right to participation**

During times of crisis, the impacts, risks and coping mechanisms of women, girls, men and boys may differ. The equitable input, meaningful participation and active leadership of women, girls, men and boys throughout the programme cycle help us understand these changes and adapt assistance accordingly.

**B. Affording protection**

Crisis-affected women, girls, men and boys are exposed to distinct protection risks. Understanding the gender-specific nature of these risks is critical to avoiding harm and facilitating protection. For instance, gender analysis helps to determine whether men and boys may be more at risk of forced recruitment into armed groups, forced labour and/or killed, whilst a lack of suitable shelter, overcrowded
displacement sites and food insecurity can place women, girls and boys at heightened risk to all forms of GBV, including survival sex, sexual exploitation and abuse.

C. Increasing access to assistance

Since crises deepen gender inequalities, promoting gender equality in all responses is essential to ensuring that women, girls, men and boys can access assistance safely. By understanding how gender plays a role in restricting access to assistance, we can better facilitate inclusive access to services for all including marginalized populations: adolescents; people with disabilities; single heads of households; LGBTI individuals; and older men and women (Box A5).

D. Promoting transformative change

Whilst humanitarian emergencies can compound discrimination and exacerbate risks, crises can also provide opportunities for addressing inequalities and promoting transformative change (Box A5). Crisis changes social and cultural structures quickly, which can serve as opportunities to redefine gender norms and contribute to the balancing of power in gender relations. The potential for transformative change addresses the structural causes and consequences of gender inequality, with the aim of achieving lasting, empowering change in the lives of women, girls, men and boys. Different strategies and approaches can be adopted to ensure that the human rights of women, girls, men and boys are promoted equally and that gender equality is achieved. The ability of local women and women’s organizations to take an active, leading role in the aftermath of a crisis is a testament to the potential for transformative change.

The ongoing discussions on the humanitarian-development nexus recognizes that meaningful and sustainable impact in the context of fragile States, disasters and conflict requires complementary action by humanitarian and development actors. As such, the empowerment of women and girls should extend not only to their roles in crisis response, but also in development assistance, peacebuilding and security, mediation, reconciliation and reconstruction, and conflict and crisis prevention. The inclusion and leadership of local women is crucial to the successful outcomes of these efforts and should be facilitated and enabled.

Who is responsible for integrating gender equality in humanitarian programming?

We all are. As humanitarian field practitioners, team leaders and policymakers, it is our job to make sure that the assistance and protection we provide meets the needs, capacities and priorities of women, girls, men and boys in an equitable and empowering way and that their rights are protected and promoted. We are all accountable.

Women and girls have as much right to equal access to resources and opportunities as their male counterparts. In crisis contexts, when resources are scarce and risks heightened, the rights of women are too often ignored. As actors in the humanitarian and development sectors, each humanitarian worker and organization has the responsibility to ensure that the rights of women and girls to basic services, protection and opportunities to better their lives are upheld.
Integrating gender into the Humanitarian Programme Cycle
In humanitarian contexts, different humanitarian actors are present — national and local authorities, civil society organizations, community-based organizations, gender experts, crisis-affected communities, international and national NGOs, the Red Cross and Red Crescent Movement, the United Nations and donors, each with different mandates, levels of engagement in coordination mechanisms and gender-equality programming. Harnessing as many of these actors and actions in a coordinated effort and capitalizing on our combined strength and reach is critical to:

1. Preserving pre-crisis gains hard won by women and girls;
2. Achieving desired outcomes for individual women, girls, men and boys, their families and communities;
3. Reaching marginalized or vulnerable groups in particular;
4. Maintaining and strengthening resilience; and
5. Reversing pre-existing gender inequalities.

This section outlines how to integrate gender into the HPC, which is the coordination mechanism developed by the IASC for use primarily in humanitarian settings. Many of the elements and principles are similar to those used in other programme cycle models. The information below includes specific guidance for each stage of the five stages of the HPC. It is cross-cutting and relevant to all 11 sectors discussed in detail in section C.

There is a checklist on integrating gender provided at the end of the section covering all five stages of the HPC. Also included in the first stage of needs assessment and analysis are step-by-step directions on a rapid gender analysis tool.
The Humanitarian Programme Cycle
HUMANITARIAN PROGRAMME CYCLE, STEP 1

Needs assessment and analysis

Needs assessment provides the evidence base for strategic planning (https://tinyurl.com/ydb8rhcf) and the baseline information upon which situation and response monitoring systems (https://tinyurl.com/ycx77k4l) will rely. It should therefore form a continuous process throughout the HPC (https://tinyurl.com/ycqonv5).

Coordinated assessments are undertaken in partnership with all humanitarian actors to assess the humanitarian situation and identify the needs of the affected population. Local and national authorities, civil society and affected communities are encouraged to participate in this process, the output of which is a Humanitarian Needs Overview document (see stage 2, strategic planning). The multisector initial rapid assessment (MIRA) tool is an example of a joint needs assessment tool that can be used in a sudden-onset emergency. https://tinyurl.com/ycskgrp7

In a protracted crisis, a coordinated assessment and consolidated analysis of the needs of women, girls, men and boys is to be presented in a Humanitarian Needs Overview instead of, or following, the MIRA. Please find additional guidance and templates on needs assessments in crisis settings here. https://tinyurl.com/y8db7g6z

Gender analysis takes place during the assessment phase and the monitoring and evaluation (M&E) phase, with information collected throughout the programme cycle. Gender analysis looks at the impact of emergencies on women, girls, men and boys and verifies...
that the humanitarian response meets their distinct needs and priorities. In many cases, this is now a mandatory requirement from donors when submitting programme proposals.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for planning, monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. Sectors should determine the age groupings that are relevant to their programming. In addition, depending on the context, it can be important to disaggregate the data based on such other diversity factors as ability, ethnicity, language spoken and level of income or education.

A more detailed description of gender analysis and the importance of SADD is below.

What is gender analysis?

Gender analysis is really about good programming. It looks at the relationships between women, girls, men and boys and considers their respective roles, access to and control of resources and the constraints each group faces relative to others. A gender analysis should be integrated into the humanitarian needs assessment and into all sector assessments or situational analyses and throughout the HPC. It allows for an understanding of who in the population is affected by the crisis, what they need and what they can do for themselves during recovery.

Thinking about the gender dimensions of your work improves what you do, how you do it and ultimately how effectively your work meets the needs of all those impacted by emergencies, especially the most vulnerable.
The rapid gender analysis tool provides a step-by-step guide on how to undertake a gender analysis at any stage of an emergency. It can be used to prepare a gender analysis as part of a needs assessment and to monitor and evaluate outcomes. Emergency preparedness should include summaries of key gender issues and statistics. For example, Gender in Brief documents (CARE) are already available for many high-risk countries.

Rapid gender analysis is a tool to conduct gender analysis quickly during an emergency response. A simple four-step process, it can be used throughout the HPC and adapted for different sectors using the relevant guidance on needs analysis. Rapid gender analysis can be done progressively with understanding deepening as more information becomes available. Rapid gender analysis can easily be incorporated into existing assessment tools, and strengthens the accuracy and comprehensiveness of findings and recommendations.

What to do? Start by gathering information about the gender context before the crisis to develop an overview of gender relations and coping strategies of women, girls, men and boys.

What to look for?

- What was the demographic profile of the population disaggregated by sex and age before the crisis?
- Is there information available about how gender expectations, roles, responsibilities have changed since the onset of crisis?
- What are the relationship dynamics amongst women, girls, men and boys?
- What was the legal framework that defined their rights pre-crisis?
- What were the socioeconomic conditions for women, girls, men and boys before the crisis?
- Look at opportunities that were available and accessible such as access to education, employment, livelihoods, health services, legal rights and ownership/control of assets.
- Who made important decisions at the household and community levels?
- What structures does the community use to make decisions and how do women and men participate in these? Are the structures still functioning since the crisis began?
- What protection risks did different groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?
- Is there sex- and age-disaggregated information (quantitative and qualitative) available about the needs, capacities and/or preferences of the affected community?
- What are the coping capacities of women, girls, men and boys from different backgrounds?

Where to find it? Sources for this type of information include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles, such as those produced by UN-Women, Oxfam, FAO, CARE and many more.
**Collect gender information since the crisis began or that is related to the programme that is not already available.**

**What to do?** Start by reviewing the information found in step 1 to assess what has changed regarding the demographic profile, roles, structures, protection risks and SADD available since the crisis began. Identify knowledge gaps about the impact of the crisis and/or programmes on women, girls, men and boys. Then plan, organize and conduct data collection with everyone affected by the crisis and/or the programme.

**Tip:** Use mixed outreach groups or mobile teams to identify and engage groups not visible in the assessment. For example, include women and adolescent girls who require permission to leave home, people with diverse sexual orientation and gender identities who are unable to gather publicly due to legal restrictions or social stigma, and people with mobility issues or disabilities and their caregivers. Include caregivers, youth and local community leaders in the assessment.

**What to look for?**

- Is there sex- and age-disaggregated information available about the needs, capacities and preferences of the affected community?
- What has changed about the demographic profile of the affected population or group targeted by a specific programme? At the data collection stage, it is possible to find out more detailed demographic information that is not available in stage 1, including about the different ages of the affected persons, the status of families and specific subgroups?
- How have the opportunities that are available and accessible changed, such as access to education, employment, livelihoods, health services, legal rights and ownership/control of assets?
- How have the roles of women, girls, men and boys changed since the onset of the crisis or the programme began? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?
- What structures is the community using to make decisions now? Who participates in decision-making spaces?
- What are the protection and GBV risks facing women, girls, men and boys? How do legal frameworks affect gender and protection needs?
- What are the needs, capacities and preferences of women, girls, men and boys in the affected population and/or programme?

**How to find it?** Use the participatory assessment guidance outlined in the section on participation and in the sectoral chapters in section C to ensure consultation with women, girls, men and boys. Surveys, interviews, community discussions, focus group discussions, transect walks and storytelling all can be used to obtain information.
What to do? Gender analysis in emergencies focuses on the impact of the crisis on women, girls, men and boys. It compares the state of gender issues prior to the crisis with how gender issues have changed since the initiation of the crisis.

- List the distinct capacities, needs and preferences of women, girls, men and boys. Are they the same as before the crisis or have they changed?
- List the roles and responsibilities for women, girls, men and boys. Is there a fair (paid and unpaid) workload distribution? How does the distribution impact their respective rights and opportunities? Who makes decisions about the use of resources? Are needs met equitably?
- Note the dynamics between women, girls, men and boys. How do women and men help or hinder each other in meeting their needs and fulfilling their rights? Who perpetrates violence against whom? What roles do institutions and the community play in meeting needs and rights, as well as in addressing and preventing violence?

3 Analysed collected gender information.

This step can be done after step 1 or after step 2 depending on the context and on the amount of available information. The analysis considers aspects of gender, age and diversity to understand the different dimensions of how affected people experience and cope with the crisis.
It is important to use the results of the analysis and the SADD to determine whether a programme should provide assistance to all women, girls, men and boys (universal assistance) or to specific groups (targeted assistance). Keep recommendations short and to the point. Remember to take into account the context of the crisis.

**Common problems, simple solutions**

1. **Crisis imminent**
   Circulate a two-page gender overview with the sectors and decision makers. The overview should be part of the humanitarian actor’s contingency plan.

2. **Limited time for field work**
   With the rapid onset of a crisis, action planning is time-sensitive. Ensure that you undertake key informant interviews with some women community leaders, teachers and health workers (and other key female figures) to understand more about sensitive issues that are unlikely to be raised in a group setting or by men.

3. **Not possible to separate the community**
   If it is not possible to undertake separate focus groups by sex and age, use a community-mapping tool instead and make sure to speak with individual women to hear the specific issues they want to raise.

4. **No women on the assessment team**
   Engage a female community leader to accompany a male assessor and therefore increase the chances of reaching at-risk women.

5. **No field access**
   Speak with the local gender specialists about their views on the crisis. Meet with displaced people from that area. Conduct phone interviews.

**Recommend** future design or action planning based on the analysis.
INTEGRATING GENDER INTO THE HUMANITARIAN PROGRAMME CYCLE
FOR GENDER ANALYSIS, REMEMBER THE FOLLOWING:

**ASK QUESTIONS.** When conducting your assessment, always ask questions with a view to understanding the possible differences in experience for women, girls, men and boys.

Put women, girls, men and boys at the centre of your assessment. It is also necessary to ground gender analysis at the household level to understand how each woman, girl, man and boy participates, what roles they play and what they require to improve their well-being, security and dignity. For example, what factors affect access to services? Is there a difference between women's and men's food consumption patterns within families? Who obtains resources? Who decides on the use of resources? Insight into these dynamics helps to ensure that assistance is channelled through the most effective means.

**UNDERSTAND THE CULTURAL CONTEXT.** Gender analysis also provides insight into cultural and religious understandings of roles. It gives insight into the norms, values, traditions, attitudes and behaviours of the community within the local context. For example, notions of "head of household" can vary. Being a widow or a single mother often has serious implications in terms of access to goods and services. In some instances, men and boys assert total control and are seen to be the principle wage earners, limiting the roles and capacities of women and girls. The careful analysis of relations and roles helps to identify vulnerabilities, potentials for backlash and solutions to critical issues.

**AVOID ASSUMPTIONS.** Gender analysis helps to explain the different ways women, girls, men and boys are affected by, or participate in, the political, economic, social and cultural decisions made in a society. Awareness of who is making the decisions helps to create a more accurate understanding of the situation and the varying needs of different groups.

**DON’T REINVENT THE WHEEL.** There are plenty of resources inside and outside the humanitarian community to help you understand the gender dimensions of any situation. Read up! Make sure you have the right documents. Contact the experts. Make sure that you do not plan your programme on an incorrect or incomplete gender analysis.

**CONSULT ALL AFFECTED WOMEN, GIRLS, MEN AND BOYS.** Systematic dialogue with women, girls, men and boys — both separately and in mixed groups — is fundamental to good humanitarian programming. In some cultures, men and boys will not speak about certain issues in front of women and girls and vice versa. Women may defer to men in terms of defining priorities. In women-only groups, women may be more willing to address how best to approach men so that there is no backlash against women's increased activism. Adolescent girls and boys may have different ideas, as well as needs, that will not be captured if you consult only adults. It is also imperative to consult marginalized groups separately, including people of ethnic and religious minorities or people with disabilities, who are often excluded from participation. Frequently, marginalized groups have specific needs but fear to speak put in majority groups. Always think of the safety of participants; when consultations happen with minority or those considered less important, it is important to be even more aware about safety and security. Of particular concern should be the safety of LGBTI individuals.

**ANALYSIS TO ACTION.** Use the information you gather to inform your programmes. This may at times mean significant changes to initial plans or reallocation of resources. That's OK, as long as it makes your programme better targeted to the needs of the women, girls, men and boys affected by the crisis. Too often we resolve difficulties by adding a single, “feel good” programme. Typically, however, you will need to integrate gender analysis into all of your programmes and have specific initiatives targeting particular populations such as widows or young men.

**ASSESS AND ADJUST.** The situation on the ground changes constantly, as do people's protection risks and needs. Regular consultations using participatory approaches with the women, girls, men and boys affected by the crisis, will reveal if your programming is working. Adjust programming to meet the needs of everyone without discrimination.
ICT in data collection and analysis

There has been an increase in the use of ICT in humanitarian response owing to the speed and quality enabled by technology, particularly in the digitalization of the data collection process. The use of contextualized and gender-responsive ICT has great potential for strengthening the effectiveness and efficiency of data collection and analysis, whether in the needs assessment, monitoring or evaluation stages. While the use of ICT is encouraged, it is pertinent that the technology that is being used be equally accessible and affordable to women, girls, persons with disabilities and the elderly in order to not aggravate existing inequalities. For instance, if humanitarian actors rely on a mobile survey for a needs assessment, it must be ensured that women and girls have access to mobile phones, Internet connectivity if it is necessary, and the necessary digital skills to take the survey on a mobile phone. This is critical given the barriers to women's access to and use of technology; for example, women are 14 per cent less likely to own a mobile phone than men and in Africa, women are 50 per cent less likely to use the Internet than men.9

Advancing gender equality and women's empowerment through ICT

Women and girls' access to and use of ICT is also a critical step in ensuring the advancement of gender equality and women's empowerment. Training women and girls to use ICT and other forms of technology as part of the humanitarian response has the potential to lead to transformative change. By building their digital literacy, such activities enable women to access digital markets as part of economic empowerment efforts, use electronic registration services, access life-saving information distributed by humanitarian actors through mobile phones and inform and guide humanitarian services which may be developed or monitored through ICT-based data collection processes.

Resources that provide more background information and guidance on gender-responsive ways to conduct ICT-based data collection are available here: OXFAM, Transforming Tech for Women (https://tinyurl.com/y76zw3en).
SADD should be collected and analysed routinely to understand the impact of the humanitarian response on the total population.

Until we understand precisely which people are affected in a crisis, the services we provide may well be off target. Data on the population affected by the crisis should always be broken down by age and sex and other relevant factors such as ethnicity or religion, when appropriate and safe for both humanitarian workers and communities. The collection of sex-disaggregated data enables actors to adjust programming to meet the needs of women, girls, men and boys.

You should routinely collect data showing the distribution of the impacted population by age and sex, including single-headed households. In addition, gather SADD on at-risk populations including people with disabilities, orphans and victims of violence to ensure that their gender-specific needs are being addressed. For instance, if you are reporting on training or food-for-work activities, always report the sex and age of the participants. Without this breakdown, it is impossible to ascertain who actually benefits or if assistance is reaching the population proportionately. If 100 per cent of participants in food-for-work activities are women, ask why men are not represented. Good data and analysis are key to identifying which groups are being marginalized and for what reasons.

Such data collection is not only essential for a thorough review of humanitarian needs, but also sends a powerful signal that each individual is recognized and their rights respected.

Humanitarian actors face challenges in collecting SADD which are compounded in the immediate aftermath of a crisis. The unavailability of updated statistics, concern with the reliability of existing data and widespread neglect of the collection of SADD by other humanitarian actors operating in the field are only a few of such challenges.

In best practice, it is recommended that surveys count the sex and disaggregate by age the numbers of adults, children, persons with disabilities and the elderly to develop a beneficiary listing in partnership with the government authorities, NGOs and United Nations bodies present in the field.

In cases where this is not feasible, it is worth considering the option of statistically deriving an estimate of women, girls, men and boys affected on the basis of available data such as the household number. See Box B1 for an example provided by Oxfam.
ADDITIONAL RESOURCES ON HOW TO COLLECT SADD AND CONDUCT GENDER ANALYSIS

**CARE**
Rapid gender analysis toolkit on how to undertake gender analysis during a humanitarian response.
https://tinyurl.com/ylgmew42

**OXFAM**
- A quick guide to gender analysis,
  https://tinyurl.com/y9d7ta6t
- Gender and conflict analysis tools and report: Household survey using ICT, focus group discussions and key informant interviews,
  https://tinyurl.com/ya3n986k
- Gender and Ebola analysis tools and report,
  https://tinyurl.com/y9qj2ux
- Gender and drought analysis and report,
  https://tinyurl.com/y9qj2ux

Below are sample gender analysis reports published by Oxfam which can serve as useful resources on how to carry out a gender analysis using SADD in crisis contexts:
- Gender and Conflict Analysis in Yemen,
  https://tinyurl.com/y78glr3s
- Consolidated Gender Analysis for the Ethiopian Drought Response, https://tinyurl.com/y9qj2ux

**UNFPA**
This guide is specifically aimed at analysis of pre-existing data from censuses,
https://tinyurl.com/ybr3bx2p

**UNRWA**
This gender analysis manual summarizes different analytical tools, https://tinyurl.com/ybmav9go

**IASC GenCap**
Annex 2 focuses on how to integrate gender into the strategic response plan,
https://tinyurl.com/yoxyd8lo

**Tufts University, Sex and Age Matter**
Provides recommendations for collecting SADD in the different phases of an emergency in general and by sector, https://tinyurl.com/ydywcj8q8
From the count of households and family size, we can estimate the population of Ukem:

**Households:** 875  
**Family size:** 7  
**Individuals:** $875 \times 7 = 6,125$ individuals

We know that 56 per cent of the population are younger than age 18 years.

**Individuals:** 6,125  
**Percentage of children:** 56 per cent  
**Total children:** $56 \text{ per cent of } 6,125 = 3,430$  
**Adults:** Population – Children  
$= 6,125 - 3,430 = 2,695$ adults

We know that 52 per cent of the children are female.

**Total children:** 3,430  
**Percentage of girls:** 52 per cent  
**Number of girls:** $52 \text{ per cent of } 3,430 = 1,784$ girls  
**Boys:** Total number of children – Number of girls  
$= 3,430 - 1,784 = 1,646$ boys

We have estimated that there are 2,695 adults in Ukem.

We know that 49 per cent are male.

**Number of men:** 49 per cent of 2,695 = 1,321  
**Number of women:**  
Total number of adults – number of men  
$= 2,695 - 1,321 = 1,374$ women

---

**BOX B1**

The rural village of ‘Ukem’ has 875 families. The latest census was conducted in 2012 but no community-level data are available. Community leaders face the challenge of counting the individual population, not to mention disaggregating them by age and sex. A research study done two years ago suggests that the average rural family size is seven. The 2012 census states that children below 18 years of age comprise 56 per cent of the population, of whom 52 per cent are female. The adult male population is noted at 49 per cent.
Humanitarian Response Plans or Strategic Response Plans are required for any humanitarian crisis needing the support of more than one agency, and are prepared by Humanitarian Country Teams (HCTs) based on a Humanitarian Needs Overview. The latter is intended to provide a shared understanding of the impact and evolution of a crisis and informs strategic response planning. This ensures that credible evidence and a joint analysis of needs underpins an effective and targeted humanitarian response. The development of a Humanitarian Needs Overview is a step in the implementation of the HPC which supports the response analysis conducted for the strategic response planning.

A Humanitarian Needs Overview has mainstreamed gender and age when the circumstances, needs and capacities of the crisis-affected women, girls, men and boys 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.

The Humanitarian Needs Overview is developed using a gender analysis by examining all of the available primary (up-to-date, crisis-specific) data and secondary (historic, contextual) data to create as accurate a picture of the crisis context as possible.

Based on the Humanitarian Needs Overview, the Humanitarian Coordinator and HCT formulate the country strategy, relying on a broad consultation depending on the context of the response as well as cluster coordinators. The country strategy will set the strategic objectives for the response and explain how the humanitarian community intends to fulfil those objectives. The objectives will, as much as possible:

- Be governed by the needs and priorities specified in the Humanitarian Needs Overview;
- Be SMART (specific, measurable, attainable, relevant and time-bound);
- Be results-based, i.e., they will describe the desired outcomes.
**Sector plans**

Sector plans are prepared after the country strategy and specify what the clusters will do to contribute to the strategic objectives of the official Humanitarian Needs Overview and Humanitarian Response Plan. In line with good practice, they will be specific about their activities, planned outputs and targets.

The sector plans will form the guidance for individual sector-specific or multisectoral agencies to formulate their response plans. The individual agencies will use this guidance — together with their SADD-based needs assessment and gender analysis — to create their implementation plans and programmes.

**Individual agency programmes**

Coordinated programme planning by individual implementing agencies takes place after the strategic plan has been developed. This will ensure that the strategic plan is built on needs assessment and analysis (including gender analysis) and is unaffected by individual organizations’ fundraising concerns. As stated above, sectors first determine their sector objectives and key activities, linked to the strategic plan’s objectives. These then serve as the basis for the participating agencies’ programme development. A coordinated, gender-integrated approach to programme planning prevents duplication, ensures a proper division of labour amongst partners and can facilitate agreements on criteria for programme selection within the sectors. See below on how to coordinate programme planning.

**Developing indicators for monitoring programme objectives**

Monitoring targeted actions relies on designing indicators to measure the extent to which identified needs and priorities are met and/or gender inequalities have changed. Sound gender analysis helps us to understand how to determine needs and priorities, as well as the factors that may hinder efforts to address them. Before designing gender indicators, it is important to be clear about the desired change.

The following factors could be considered when designing the M&E framework you intend to follow:

- Define a results chain that plots the various expected results (output, outcome and in some cases, impact) that the project’s interventions are aiming to achieve. From there, you can work on defining indicators that would capture the expected results.

- Identify and account for threats and opportunities — both internal and external — that could affect the designed flow of the results chain. If possible, enhance the opportunities and mitigate the threats.

- Assess if there are existing national indicators that could be used or adapted. In some cases, overlaps in humanitarian response over the periods of population census and special sections in final reports are allocated to such data. Furthermore, in the cases of extended and amplified humanitarian responses such as Iraqi displacement and Syrian refugees, local government agencies and ministries develop data reports targeting the sectors and fields related to the presence of refugees or displaced people. Are data gathered equitably from diverse groups? United Nations agencies usually lead in having sets of indicators that could be adapted to the humanitarian context the country is facing. If they exist, there is no need to reinvent the wheel.

- The best approach is for monitoring to exist at the very start of project activity, although in a humanitarian context this is not always possible. To assist in such cases, look for information that may already exist (e.g., from needs assessments, rapid mapping exercises or even baselines) or is being collected (e.g., by leading agencies in the field or by national players) to assist in tracking changes. That will help you to build on what already exists, when useful, and take advantage of information and data that are present and can assist in decision-making or project design.

- What kind of support — technical, managerial and financial — do programme staff need to collect, process and analyse data for gender indicators?

- In the case of impact evaluations, to what degree are the indicators likely to be affected by other sources and events?

- How will the data collected be analysed and disseminated so that it can be used by all stakeholders?
The following sample indicators demonstrate how to draft indicators for targeted actions.

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>INDICATOR</th>
<th>MEANS OF VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promoting awareness of gender equality and women’s rights</strong></td>
<td>Percentage of catchment population with improved knowledge of gender equality and women’s rights</td>
<td>Pre-/post-intervention knowledge surveys</td>
</tr>
<tr>
<td><strong>Promoting gender equality in participation and leadership</strong></td>
<td>The general trend among participants in the interventions is improved awareness overtime</td>
<td>Follow-up form (interviews or focus group discussions) on progress of awareness development</td>
</tr>
</tbody>
</table>

**LEADERSHIP ASPECTS**

- Percentage and ratio of women to men participating in assistance/distribution/management committees
- Percentage and ratio of women to men in leadership positions in assistance/distribution/management committees

**PARTICIPATION ASPECTS (BENEFICIARIES)**

- At least 60 per cent of beneficiaries of relief activities are females (girls, women)
- Number of interventions in relief activities that are gender-sensitive or and gender-specific (only targeting female needs)
- Percentage of women consulted who report that their participation in programme activities has improved at least two aspects of their lives meaningfully (e.g., actively take part in decision-making, feel free to speak up, feel safe when speaking up take on managerial and/or income-generating roles)
- Success stories of women beneficiaries
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>MEANS OF VERIFICATION</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td>Pre-/post-intervention knowledge surveys</td>
<td>Greater awareness of rights is one step in the process of empowerment and in promoting gender equality.</td>
</tr>
<tr>
<td></td>
<td>Follow-up form (interviews or focus group discussions) on progress of awareness development</td>
<td>Awareness by itself is not sufficient to lead to change. This is why it is important to track progress over time as the concepts become more concrete in people's minds.</td>
</tr>
<tr>
<td></td>
<td>Committee records of participants with roles and responsibilities</td>
<td>Participation and leadership of women and men are important means to promote gender equality. Presented as ratios rather than absolute numbers, they can be tracked to show trends over time.</td>
</tr>
<tr>
<td></td>
<td>Beneficiary counts disaggregated by sex and age</td>
<td>Because women and girls tend to be overlooked in programme implementation, setting significant targets at the planning stage encourages the adoption of proper mobilization to ensure their participation.</td>
</tr>
<tr>
<td></td>
<td>Project budget lines and narrative reports highlighting gender-sensitive/gender-specific interventions</td>
<td>Acknowledging that inequalities exist between women and girls and men and boys requires measures that are gender-specific to assist in narrowing the gap prior to enhancing equality measures.</td>
</tr>
<tr>
<td></td>
<td>Follow-up interviews with female participants in interventions at various time interventions — 2/6/12 months</td>
<td>Acknowledging that inequalities exist between women and girls and men and boys requires measures that are gender-specific to assist in narrowing the gap prior to enhancing equality measures.</td>
</tr>
</tbody>
</table>

* For all indicators, ratios or percentages of access should be viewed in light of the proportion of women, girls, men and boys in the intended target groups.

** One of the challenges — particularly in designing indicators of social well-being such as gender equality — is to clearly identify factors that are simple to collect, related to the programme and attributable to the humanitarian action(s) whilst not being overly impacted by other influences. Ideally, there are cross-referenced outcome indicators that span technical sectors as well as humanitarian and development strategies.
<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality and equity in access to resources</td>
<td>Percentage and ratio of women to men as recipients of assistance (i.e., person directly receiving the assistance)</td>
</tr>
<tr>
<td></td>
<td>Ratio of aid resources (monetary value of material, food, cash, vouchers, etc.) distributed to women, girls, men and boys</td>
</tr>
<tr>
<td></td>
<td>Number of gender-sensitive or/and gender-specific interventions targeting females in humanitarian response (sanitary services, maternal and reproductive health, protection, etc.)</td>
</tr>
<tr>
<td></td>
<td>Percentage of women, girls, men and boys consulted report they feel equal and safe while accessing programme information, services and facilities (e.g., latrines, wash points, NFI distributions, information about entitlements)</td>
</tr>
<tr>
<td>Promoting gender equality in secondary education</td>
<td>Number of initiatives promoting girls’ access to secondary education (segregated sanitation facilities, community mobilization, transportation)</td>
</tr>
<tr>
<td></td>
<td>Percentage and ratio of girls’ to boys’ enrolment in secondary education</td>
</tr>
<tr>
<td></td>
<td>Number of girls and boys resuming education after dropping out, extended absenteeism or abstinence</td>
</tr>
<tr>
<td></td>
<td>Percentage of girls and boys who manage to attain age appropriate educational level</td>
</tr>
<tr>
<td></td>
<td>Retention ratio of girls to boys in aid-assisted secondary schools</td>
</tr>
<tr>
<td></td>
<td>Percentage and ratio of girls’ to boys’ absenteeism and reasons behind them</td>
</tr>
<tr>
<td></td>
<td>Decrease in rates of early marriage among girls in targeted populations</td>
</tr>
<tr>
<td></td>
<td>Decrease in rates of child enrolment in labour market among boys and girls</td>
</tr>
<tr>
<td><strong>MEANS OF VERIFICATION</strong></td>
<td><strong>RATIONALE</strong></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Distribution database</td>
<td>This promotes women’s increased access to and control over resources, acknowledging that men usually have primary control over most resources.</td>
</tr>
<tr>
<td>Distribution database</td>
<td>This promotes women’s increased access to and control over resources, acknowledging that men usually have primary control over most resources.</td>
</tr>
<tr>
<td>Programme reports on interventions with budget lines assigned to gender-sensitive or and gender-specific interventions</td>
<td>This indicator allows monitoring of benefits to women and girls relative to those received by men and boys. This is useful particularly when the assistance is tailored.</td>
</tr>
<tr>
<td>Programme reports and budget lines on gender-sensitive or/and gender-specific interventions promoting access to education</td>
<td>Because older girls do not always experience favourable conditions that encourage enrolment in secondary education due to various factors (household chores, early marriage, safety concerns), introducing initiatives that promote enrolment is necessary.</td>
</tr>
<tr>
<td>School enrolment records</td>
<td>Secondary education for girls and boys is life-changing through poverty reduction, creating benefits across generations, such as delaying marriage and improving nutritional and health outcomes for future children.</td>
</tr>
<tr>
<td>School enrolment records</td>
<td>Frequent and extended absenteeism affect the learning process and discourage girls and boys from pursuing their educations. Therefore it is important to monitor and understand the underlying reasons for such absenteeism.</td>
</tr>
<tr>
<td>School enrolment records</td>
<td>Girls and boys who do not attend secondary education join the labour market to generate income for their families, usually via low-income jobs, or girls face early marriage.</td>
</tr>
</tbody>
</table>
Use of gender markers

In the formulation programmes and for their submission for inclusion in the coordinated United Nations strategic response, it is mandatory to use the IASC Gender Marker (see box B2).

In addition, some donors and humanitarian actors have developed their own markers. For example, ECHO created the Gender-Age Marker and CARE created its tailored Gender Marker. Whilst the markers are complementary, they are designed to measure gender equality programming according to the systems available to audit and validate both within individual agencies and across the system.

**BOX B2**

The IASC Gender Marker is a tool that uses a scale of 0–2 to code whether a humanitarian programme will ensure that women, girls, boys and men will benefit equally from the programme or whether the programme will advance gender equality in some other way. The Gender Marker also helps donors to identify and fund gender-sensitized programmes that help ensure that all segments of the affected population have access to an equal quality of services. Sector coordinators (or programme vetting teams) ensure that each programme is coded correctly and consistently, and that programme designers receive guidance as needed. A gender code is assigned based on three critical components: (i) there is gender analysis in the needs assessment that provides relevant sex- and age-disaggregated data and gives insights into local gender issues; (ii) this needs assessment is used to identify activities; and (iii) gender-related outcomes.

More information on the IASC Gender Marker can be found at [https://tinyurl.com/yb7m poc2](https://tinyurl.com/yb7m poc2).
FREQUENTLY ASKED QUESTIONS ON GENDER MARKERS

A gender marker is a tool that helps organizations to assess whether a programme benefits women, girls, men and boys equally and whether it contributes to increasing gender equality. Some markers also include a measurement of age, making them gender and age markers. Below are frequently asked questions:

Why do we need a gender marker?

Humanitarians need to consistently embed gender equality into programming. So far, practice has been mixed. Gender markers assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process.

How do the markers work?

Programmes are usually coded to indicate the degree that gender (and age) are considered across the programming elements. The scales vary from 3 to 5 points depending on the number of factors measured. The highest number indicates consistent use of gender and age in the programme (needs linked to activities linked to indicators and targets/results, with adequate participation throughout) and flags that the programme contributes to gender equality. The code 0 indicates that there is no visible contribution of the programme towards gender equality and that gender and age are not reflected in programming.

How many different gender markers are there for humanitarian action?

There are several different but related markers. The IASC Gender Marker was introduced in 2009. It is used across all humanitarian operations. The DG ECHO Gender-Age Marker was built on lessons learned from the IASC Marker and became mandatory for its implementing partners in 2014. Some organizations, like CARE and the Norwegian Red Cross, have adapted the IASC Gender Marker to their own needs and mandates, using it internally in conjunction with other markers.

Can a programme get different codes in different markers?

Yes. The coding scales are different because they measure different things. The IASC Gender Marker codes measure gender in the programme design: 2A means that gender is mainstreamed and 2B means that actions are targeted against gendered barriers. The ECHO Gender-Age Marker code 2 requires gender and age across the four identified steps of programming: analysis, activities, participation and results. Under the CARE Gender Marker, codes 2, 3 and 4 mean that gender is used in these four steps: 2 indicates gender-sensitive; 3 indicates gender-responsive and 4 indicates gender-transformative. The IASC Gender Marker measures whether gender and age are used, the focus of programming and the strength of programming logic.

Despite the existence of different markers, the logic behind each tool remains the same. If humanitarian agencies follow the key actions included in this handbook, the final codes should be consistent, regardless of the specific tool used to provide a “gender mark” to the programme.
<table>
<thead>
<tr>
<th><strong>Do the markers consider gender, age and other diversity factors?</strong></th>
<th>The markers consider gender to determine coding and some of them also use age to determine a code. Other factors such as disability, ethnicity, sexual orientation, gender identity, religion/belief, caste diversity and HIV/AIDS are important considerations that influence the efficiency, effectiveness and equity of a programme and are encouraged throughout the guidance.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Are the markers mandatory?</strong></td>
<td>The IASC Gender Marker is required for all coordinated humanitarian appeals and funding mechanisms by the HCT and sectors. The DG ECHO Gender-Age Marker is required for all humanitarian actions submitted to, or funded by, DG ECHO. The use of agency markers is dictated by each agency.</td>
</tr>
<tr>
<td><strong>For whom are the markers designed?</strong></td>
<td>Markers are designed for all persons involved in designing, implementing, reporting on and learning about humanitarian programmes. In most cases, the marker will be applied by you and then discussed at the sector level and with donors. Sector leads should support their partners in using the IASC Gender Marker. Only agencies funded by DG ECHO apply the ECHO Gender-Age Marker.</td>
</tr>
<tr>
<td><strong>At what stage of the HPC is the marker applied?</strong></td>
<td>The IASC Gender Marker is applied following design (humanitarian response planning stage) and implementation (periodic monitoring review stage) and/or may be used at the end of the programme (review stage). For programmes funded by DG ECHO, the DG ECHO Gender-Age Marker is applied throughout the action management cycle, at the proposal, monitoring and final report/liquidation stages.</td>
</tr>
<tr>
<td><strong>Where are the codes uploaded?</strong></td>
<td>IASC Gender Marker codes are uploaded onto the global Online Programme System (OPS) and Financial Tracking Service (FTS). For pooled funds, codes are on the grants management platform, helping donors to better identify high-quality gender-responsive programmes. The DG ECHO Gender-Age Marker codes are shared with partners.</td>
</tr>
<tr>
<td><strong>What are the benefits of applying the markers?</strong></td>
<td>The markers offer many benefits to sectors and affected populations: more gender-responsive programmes; more visibility for good work on gender equality and empowerment; greater gender expertise in the sectors; more aid effectiveness and gender accountability to donor; and easier improved gender links to development.</td>
</tr>
</tbody>
</table>
Resource mobilization

Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys. Since good gender equality programming requires adequate participation of everyone in all stages, flexibility in the expenditure of funds is useful. Nimble funding allows programmes to adapt quickly to changes in crisis contexts and in the affected population.

Once the distinct needs of women, girls, men and boys have been identified and plans developed to meet these needs, mobilize resources around priority actions. HCTs and donors need to be able to assess the degree to which gender equality is built into overall planning, not only to assess whether the programme contributes to gender equality, but also because it can be used as a proxy measure of how affected populations are engaged and the level of empowerment they experience as a result.
In addition to using gender (and age) markers with the guidance provided in this handbook and further tools in the references below, the following tips will strengthen funding proposals:

- **Avoid generic sentences**, such as “we will abide by our gender policy and mainstream gender across the programme cycle”. Instead, integrate the concrete results of your gender analysis and consultation feedback. To do this, for each activity ask: How does this activity increase women’s and men’s participation and decision-making processes? How does this activity reflect women’s and men’s stated needs and priorities? These questions help to gather the necessary gender-based information.

- **Avoid assumptions or pre-identified vulnerabilities**, such as “women and children are the most affected by the conflict” or “the action will target the most vulnerable, i.e., women and girls”, unless these statements are supported by a sound risk and gender analysis.

- **Use gender-inclusive language** even if the word count is limited. Note that there is a difference between activities targeting women or men only (for example, women and girls of reproductive age or single male heads of households) and activities that appear, but are not, gender-neutral (for example, activities targeting former “refugees” who are both men and women).

- **Include gender issues throughout the programme logframes/results-based framework** and not merely in the assessment or gender sections. Demonstrate that you have identified issues and designed activities to address them. Show that you will monitor any changes and have fully engaged the affected population, including those who are most vulnerable.
HUMANITARIAN PROGRAMME CYCLE, STEP 4

Implementation and monitoring

Commitments to address the specific needs and priorities of women, girls, men and boys should be supported by implementation plans that clearly state the actions that will be taken to meet them. Outcomes of gender analysis should be reflected into the design and assistance which humanitarian actors intend to provide, addressing distinct concerns and drawing upon the strengths and capacities indicated by the research.

What is adequate participation and monitoring?

During the implementation and monitoring phase, organizations collect and analyse quantitative and qualitative data including SADD, feedback and complaints to effectively address the distinct needs, capacities and priorities of women, girls, men and boys, and even monitor the extent to which set targets have been achieved. There are also cases where midterm evaluations are conducted in extended humanitarian responses to ensure that the interventions are yielding the expected results planned at the offset. Monitoring and evaluation serve as approaches to provide evidence on what works and should be celebrated, or what does not work and needs to be revised. To that end, aid workers cannot work without the strong presence of participants, hence the recommended trend of using participatory M&E.

As humanitarian actors, it is important that we avoid the assumption that all people will benefit equally from the assistance provided. If analysis suggests that women, girls, men and boys have distinct needs, roles and dynamics, then humanitarians must tailor activities and resources to match these requirements. This is the first step in participatory M&E. Adequate participation ensures that the voices, concerns and actions of affected women and men, girls and boys contribute to programming and are given equal merit. Furthermore, if social discrimination is stopping a group’s needs and priorities from being addressed, actors need to target actions to address...
discrimination and reduce barriers that prevent the group either from making a meaningful contribution or accessing the humanitarian services and programme.

Participation needs to be present in the design of the M&E system, again so as not to enter the community with preconceived ideas about what works and what doesn’t. Some types of data collection methods and approaches might not be welcome in the targeted community, leaving the research team with well-designed tools but no data collected. It is important to consult with representatives of the community — women’s groups, community leaders, teachers, etc. — on approaches that could be used.

Girls and boys can also participate in the data collection using various M&E approaches, e.g., videotaping/photographing the changes that have resulted in their lives and the “snowball approach” in collecting data from other girls and boys on specific topics or practices, in addition to the conventional surveys and focus group discussions.

Monitoring is a continuous process that tracks assistance delivered to affected communities. It is a key step in ensuring that humanitarian actors have the evidence they need to take decisions and adapt short- or long-term strategies. Progress is measured in reference to the targets set out by the Humanitarian Response Plan. Humanitarian actors should monitor whether affected women and men, girls and boys receive the intended benefits, are satisfied with the products and processes and are affected by any unintended consequences.

Accountability to Affected Populations

Central to the IASC approach to participation is its commitment to Accountability to Affected Populations (AAP). AAP is defined as an active commitment to take account of, give account to and be held to account by the people humanitarian organizations seek to assist.

AAP focuses on the rights, dignity and protection of an affected community in its entirety, not only by identifying and addressing community members’ needs and vulnerabilities, but also by recognizing and harnessing their capacities, knowledge and aspirations. Programming that is based on AAP works towards ensuring that all the women, girls, men and boys of all ages and diversity backgrounds in a crisis-affected population have equitable and meaningful access to:

- Information that is timely and relevant to their information needs and preferences and is accessible and understandable across age, gender and diverse groups;
- Easily accessible communication channels that are two-way, meaningfully facilitate feedback and complaints and demonstrably provide redress where warranted.
Specific issues raised regarding physical and other human rights abuses and/or legal, psychological or other issues should have specific handling procedures that protect the rights of the complainer and afford access to the redress and support services needed;

- Means to participate in the decision-making processes that affect them, including fair and transparent systems of representation;
- Active involvement in the design, monitoring and evaluation of the goals and objectives of programmes.

More information on the IASC approach to AAP is available on the website of the IASC Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse https://tinyurl.com/ycfwkawe.

**Actions that effectively ensure equitable and participatory implementation share two characteristics:**

1. **All relevant groups enjoy equitable access to humanitarian services and assistance.** Different gender and age groups can obtain assistance when actions are tailored per their needs and capacities. No vulnerable group is excluded.

2. **Women and men (and girls and boys, where appropriate) contribute meaningfully to the implementation of the programme and/or have a say about the adequacy of the programme**

3. **The programme can be monitored in terms of access to its benefits and levels of satisfaction on the part of beneficiaries. Both are disaggregated by sex and age group.**

**How to ensure equitable access to services and assistance?**

The gender analysis determines how services and assistance should be adapted. Instead of providing the same package that is delivered in every country, assistance should reflect local needs, roles and dynamics. Section C includes examples of how to ensure equitable access to the services and assistance provided in each sector.

**General guidance for ensuring equitable access**

1. Establish multiple opportunities for community participation to facilitate mapping of the situation of the affected population and their humanitarian needs. These can include face-to-face conversations, through community meetings, focus groups, key informant interviews and other platforms for discussion, adapted to the risks and accessibility of various groups.

2. Use the distinct needs, roles and dynamics for women, girls, men and boys (that is, the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

3. Identify opportunities to address structural inequalities.

4. Identify and address factors that would limit and hinder the access of women and girls to interventions and services.

5. Identify specific actions that will prevent and mitigate GBV and sexual exploitation and abuse.

6. Develop safe and responsive feedback and complaint mechanisms that are public and accessible to all affected women, girls, men and boys, with the exception of situations where to do so would pose a plausible threat to safety.

7. Coordinate your activities with those of other sector members so that the assistance is complementary and addresses most, if not all, gaps.

8. Ensure ongoing awareness-raising and capacity-building amongst partners through using specialist and peer expertise in sector forums on gender, age and diversity and other means, within the wider AAP framework, communicating with communities and protection.
Operational peer review and evaluation

Operational peer review is an internal, inter-agency management tool which serves to identify areas for immediate corrective action. It is designed to help the HCT determine what improvements are necessary in leadership, implementation, coordination or accountability.

The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities. Evaluation is a process that helps to improve current and future programming so as to maximize outcomes and impacts.
Along with evaluating programmes, we need to evaluate whether the intended results have been achieved. Evaluation can be done in several ways by measuring the following:

- The extent to which identified targets for the affected populations were achieved and reasons for over- or underachievements;
- The extent of satisfaction among women, girls, men and boys from diverse groups;
- The extent to which the interventions have achieved their intended results and unintended results (both positive and negative);
- Success stories to be celebrated and replicated and lessons learned that need to be addressed so that future interventions can be modified;
- Sustainability of the intervention beyond the immediate response, leading to long-term recovery and developmental gains — the humanitarian-development nexus;
- Cost-effectiveness of programming.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practices in providing equal assistance to women and men, girls and boys. Programmes need to be reviewed based on equal participation of and access to services by women, girls, men and boys, from the onset of project planning to implementation. It is also necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The IASC Gender Marker helps to identify gaps to improve programming and response.
In the evaluation of response programmes, it is possible to review the impact of adopting a gender-equality programming approach. Below is some guidance on how to evaluate the levels of satisfaction and expected positive results, and how to predict and measure threats in order to address them.

In order to understand the sections below, you need to be aware of the rationale used to develop the sequence. Programmes have ultimate goals which they seek to achieve when interventions are planned and designed. Those goals are broken down to results, based on the time period required to achieve them and the role they play in order to achieve the goal. Once an intervention is planned, it yields outputs — the direct result from the implementation. Then, you need to ask yourself, once this output is attained, what would be the effects on the targeted population, which gives you the next layer of results, outcomes. Outcomes can be short-term or long-term depending on the timeframe needed to witness the results for the beneficiaries. If we take the basic example of interventions that seek to promote gender mainstreaming by addressing the particular needs of women and girls, the output would be the number of interventions held (they can be various depending on the response sector you are working in), reaching women, girls, men and boys to raise their awareness or train them on gender mainstreaming concepts, etc. To unfold the next layer of results, we need to ask, what will happen as a result of this training and increased awareness? This will lead us to outcomes. An example would be the changes in awareness and knowledge among the targeted population. Once this is achieved, it will pave the way to achieve the goal or impact of the programme: gender mainstreaming is implemented in the targeted aspects of participants’ lives.

In a nutshell, activity interventions lead to outputs, which if fulfilled will yield outcomes that would feed into achievement of the programme’s goals.

In order to measure the extent to which the results — output, outcome and impact — have been achieved, indicators are used as a measuring stick to give a value or description to the result. So we would have output indicators, outcome indicators and impact indicators.

In the section below, results (objectives) are defined for one type of humanitarian response and indicators are defined to assess if the result has been achieved.
BOX B3
Indicators are used to guide monitoring and evaluation of outputs, outcomes and impacts. They indicate the state or level of something, guiding data collection to provide specific information to inform progress.

The example below is a quantitative indicator:
Output: women and men are trained in skills necessary for income-generating activities.
Output indicator: Number and percentage of women and men who successfully completed and passed a training course.
Such data can be supplemented by qualitative data to provide more in-depth understanding of results (such as from key informant interviews).

BOX B4
Evaluation can be conducted on two levels:
1. Ongoing, systematic “light” evaluation of programme monitoring data, using feedback from accountability mechanisms. This is not aiming to fully evaluate impact and quality.

2. Evaluation events such as a real-time evaluation, midterm evaluation or final/impact evaluation. Evaluation events are likely to need greater resources and a tailored, technical and more detailed methodology, depending on the objectives of the evaluation, in order to evaluate impact and quality. Although indicators are often quantitative, both qualitative methods (key informant interviews, focus group discussions, mapping, timelines, workshops, meetings) and quantitative methods (surveys, questionnaires) can be used to obtain a detailed cross-section of inputs, evidence and findings.

It may even be possible for qualitative methods to be statistically representative, for example, through sample size and/or development of statistics using participatory approaches (Holland, J., Who Counts? The Power of Participatory Statistics, Practical Action Publishing, 2013).
Satisfaction

Satisfaction is a concept related to almost all interventions that are linked to direct provision of a service or delivery of a good. It involves the extent to which the recipients felt that the intervention met their needs, resulted in improvements in their current situation and/or if the intervention was delivered in a way they appreciated (appropriate channels, proper human contact, time/place). Therefore, if the recipients’ satisfaction is essential for decision-making and programming, then an indicator measuring satisfaction needs to be incorporated in the M&E plan.

Whilst the programme is ongoing and after it has been completed, the collected satisfaction rates will show the extent to which the different (gender and age) groups believe that their needs and priorities have been met. Keep in mind the following aspects:

• Use various qualitative and/or quantitative data collection methods: surveys (written and oral, with individuals and groups), focus group discussions and anecdotes to gauge satisfaction with the support provided and flag problems that need to be addressed.

• Seek information from direct beneficiaries when possible; women, girls, men and boys of appropriate age and diversity groups. When this is not possible, you can resort to key informants who can provide insight to what is going on, e.g., community leaders, medical bodies, teachers, law reinforcement officers, etc..

• Ensure that targets were set in consultation with the different stakeholders, especially of the most affected women and men (and girls and boys, as appropriate).

• Match the staff and partners selected to interact and collect the information with the gender and diversity of the groups you are intending to survey. Make sure that the staff receive training on ethical guidelines to social research and are aware of how gender, age and other diversity factors impact interactions (culture, dialect, sensitivity of topic discussed), as well as how to make appropriate referrals where necessary.
### 1. Objective

The project aims to promote well-being and enhance dignity through cash grants to affected women and men to purchase basic food and NFIs and pay house rentals within a 6-month period.

### 2. Activity

The distribution of cash grants to women and men to sustain their families.

### 3. Sample indicators (disaggregated by sex and age)

**A.** Percentage of women, girls, men and boys in appropriate age groups and identified minorities who report that they are satisfied with the process followed to receive the assistance (output indicator).

**B.** Percentage of women, girls, men and boys who report that they are satisfied with the nature of the assistance provided, ensuring gender mainstreaming and meeting the particular needs of boys, girls, women and men (output indicator).

### 4. Means of verification

Periodic programme reports (monthly, midyear or end-of-programme review) summarizing the results of individual surveys with beneficiaries are done post-distribution (e.g., post-distribution monitoring reports) or following beneficiaries’ accessing the requested service, NFIs, cash assistance or rental payments.)
There are specific and distinct benefits for women, girls, men and boys in humanitarian responses. Design the indicators — process, result — to consider the gender analysis and the resulting tailored assistance. Assess whether access to assistance was equitable and if the assistance addressed specific needs and made a significant difference in the lives of women, girls, men and boys. Always disaggregate the data by sex and age (and disability, where possible) and account for diversity factors where practical. Compare the different rates of benefits. Analyse the extent by which the results are correlated with gender (Is gender a factor?) or with age (Do the results vary across age groups or are they correlated with other diversity characteristics?). Then try to research the reasons that might cause the correlation. Is one group receiving more benefits than others? If so, does this need to change? (It may not need to change, depending on the context and analysis. In some cases, with gender-sensitive or/and gender-specific programming, females — women and girls — might benefit more than males — men and boys.)

The example below suggests output and outcome indicators to capture the intended objective. This shows that for the same objective, we can have indicators that measure the direct result of an intervention (output) in addition to the effect on participants’ lives once they have acquired the service.
1. Objective

The project aims to promote well-being and enhance dignity through cash grants to affected women and men to purchase basic food, NFIs and payment of house rentals within a 6-month period.

2. Activity

The distribution of cash grants to women and men to sustain their families.

3. Sample indicators (disaggregated by sex and age)

A. Percentage of women and men with access to cash grants (output indicator)

B. Percentage of women and men reporting that they are worrying less about providing the basic necessities to their households due to cash grants or/and, NFIs and rent payments (outcome indicator)

C. Percentage of women and men reporting a decrease in tensions in the household as a result of provision of basic necessities, i.e., NFIs, cash grants and/or rental payments (outcome indicator)

D. Percentage of women and men reporting that their families eat to their hunger in comparison to the pre-intervention period (outcome indicator)

4. Means of verification

A survey administered to direct beneficiaries (women and men) of the assistance programme that might be followed up with focus group discussions if the results need further investigation or justification.
All programmes, even those designed with the best intentions, might yield unexpected negative results. For example, although the programme was intended to reduce HIV contraction rates, there might be an increase in the percentage of women contracting HIV. Further investigation showed that women contracted HIV just to be eligible for cash assistance and benefits provided for people living with HIV. Thus, when such negative results arise from the analysis of quantitative data, your role is to investigate further the reasons behind such a result. This will allow improved programming for the upcoming phases by avoiding the pitfalls that might have led to such results.

Analyse the programme for any problems, such as barriers to access or negative effects on women, girls, men and boys, including GBV. Conduct ongoing consultations with women, girls, men and boys. Observe, do spot checks and monitor regularly to identify early potential problems. Speaking with women and girls, as well as men and boys from diverse groups in the community, is critical. In some contexts, sociocultural norms require that talking with women (or marginalized) community members be negotiated with community leaders. By doing so, we can reduce misunderstandings that hinder discussions and or even lead to violence. Female staff are key to ensuring that women can speak with women. Where appropriate, visit not only the programme site but also where people live. Once problems have been identified, work to address them (ideally with the affected people) and advise in a transparent manner.

Prevention and mitigation of GBV is a critical component of any programme in humanitarian action which all humanitarian actors should factor in their work to ensure the right of women, girls, men and boys to life a live free from violence and abuse. Ensuring that every humanitarian actor is trained in protection issues and standard codes of conduct to combat sexual abuse and exploitation is a preliminary but necessary step towards GBV prevention and mitigation. Furthermore, at the initial design stage, programme managers with the support of M&E staff need to identify all potential threats that might break the expected results chain and address them prior to any negative spillover. Below, are examples of threat indicators that were designed to ensure that the objective is attained as planned.
| **1. Objective** | The project aims to promote well-being and enhance dignity through cash grants to affected women and men to purchase basic food, NFIs and payment of house rentals within a 6-month period. |
| **2. Activity** | Male figures use the cash grants in ways that would not improve the family's well-being (cigarettes, alcohol consumption, gambling, etc.). |
| **3. Sample indicators (disaggregated by sex and age)** | Family consumption patterns do not reflect expenditures that prioritize family well-being (expenditures on cigarettes, alcohol, etc. prioritized over food, medicine, etc.) (qualitative indicator). Increased percentage of eviction notices due to late/unpaid rentals among families benefiting from rental payments. |
| **4. Means of verification** | Follow-up survey in targeted communities on expenditure patterns and rental status Focus group discussions on expenditure patterns with women and men from the targeted community |
Sustainability of intervention

Effective humanitarian action requires continuous analysis of the degrees to which a response assists affected communities and works towards reducing vulnerabilities and the root causes of crises and inequalities for women, girls, men and boys. The protracted nature of several current humanitarian crises requires that humanitarian actors adapt to new roles that promote preparedness and seek to end dependency on humanitarian interventions over the longer term. Designing sustainability indicators that are gender-responsive and bridge the humanitarian-development gap can include the following:

• Reinforce the existing local capacities of diverse groups including local women’s groups, youth groups, religious groups, minority groups and groups of persons with disabilities;

• Consider and plan exit strategies at the beginning of an intervention in order to reduce need and enhance local ownership, capacity and collaboration;

• Consider the degree of added value of an intended programme or response in order to create new, inclusive interventions that fully use the capacities of women, girls, men and boys;

• Prioritize programming that facilitates early recovery for all women, girls, men and boys.
1. **Objective**

To strengthen the organizational and technical capacities of a number of women’s groups and organizations as leaders in humanitarian and resilience work.

2. **Activity**

Build the capacity of key partner women’s organizations for leadership, advocacy and campaigning.

3. **Sample indicators (disaggregated by sex and age)**

   A. Number of leaders of local women’s groups who received series of training on leadership, campaigning and advocacy (output indicator)

   B. Number of supported local women groups invited to national-level discussion meetings (outcome indicator)

   C. Number of supported women leaders from different local groups influencing local and national government policies to invest in disaster preparedness (outcome indicator)

4. **Means of verification**

   Training reports including attendance records and outlines of material covered

   Minutes of meetings for national discussions

   Policy briefs with changes in disaster preparedness
COST-EFFECTIVENESS

Humanitarian resources are finite and need to be used with care to maximize their sustainable impact in each phase of humanitarian action.

It is necessary for organizations to ensure the proper management of resources and funds to ensure maximum impact for all crisis-affected women, girls, men and boys. Often in the rapid onset of an emergency, time constraints result in pressure to spend large amounts of money quickly as evidence of adequate response. To adapt organizational programming and procedures, it is therefore necessary to monitor the use of resources and their greatest possible and equal impact for women, girls, men and boys. Cost-effectiveness is an extremely complex evaluation process. The easiest definition is to calculate the cost per unit (dividing the costs by the number of beneficiaries). Donors usually have benchmarks for cost per unit that cannot be surpassed. The lower the cost per unit, ensuring that the results have been attained, the better.

Using a gender-sensitive approach to humanitarian response in and of itself promotes cost-effectiveness. By identifying the specific needs of women, girls, men and boys, humanitarian programmers can focus their efforts on serving the populations most in need.
Checklist for integrating gender into each stage of the Humanitarian Programme Cycle

This checklist lists gender equality entry points at each phase of the HPC (adapted from the OCHA Gender in the HPC Checklist 2016 for Field Users).
**Preparedness**

- Incorporate gender into all preparedness activities, from the gender balance of stakeholder meetings, emergency simulations and communities of practice, to training of staff on gender in humanitarian action and increasing government commitment.
- Learn and network by sharing exercises and information with targeted groups and humanitarian actors.
- Ensure that SADD and gender analysis are integrated robustly into baseline data collection, assessments, information systems, communications and advocacy.
- Participate in the creation and implementation of minimum gender equality standards in preparedness for sectors. Ensure that monitoring facilitates retracking to effectively address gender, age and diversity issues.
- Identify and coordinate with local organizations representing women and girls, including those with disabilities and other marginalized groups.
INTEGRATING GENDER INTO THE HUMANITARIAN PROGRAMME CYCLE

**Needs assessment and analysis**

**INITIAL RAPID ASSESSMENTS**

» Collect and analyse sex-, age- and disability-disaggregated data.

» Consult with women, girls, men and boys from diverse groups to ensure that their particular circumstances, needs, priorities and capabilities are fully understood.

» Ensure an equal balance of men and women on the assessment team. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Use participatory methods such as focus group discussions, key informants, assessment processes like ranking, community mapping, transect walks, etc. and create separate groups for women, girls, men and boys, as culturally appropriate and preferred.

» Map the existing services available for women, girls, men and boys and trace referral pathways for specific services like GBV interventions.

**IN-DEPTH JOINT ASSESSMENTS**

» Secure the involvement of women, girls, men and boys in assessments and where feasible and appropriate, break these categories down to include adolescents, youth, people with disabilities, LGBTI individuals and others.

» Analyse the specific priorities, capacities and needs of women, girls, men and boys in your sector.

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

» Be aware of information gaps, especially in instances where responses and information vary.

» Trace or cross-check data from a variety of sources and multiple perspectives to arrive at consistent information and validate findings.

» Engage local women’s organizations and women’s leaders, LGBTI networks and youth organizations as sources of more accurate information on diverse women, girls, men and boys.
### PREPARATORY PROCESS

- Check that the level of analysis and SADD available for the strategic planning process are as thorough as feasible.

- Consider primary and secondary data on risk analysis. Primary data are tailored information gathered for the planning process and secondary data are information collected for wider purposes, often for organizational records or government censuses.

- It is mandatory to include and use the IASC Gender Marker and other gender markers required by your organization and/or donors in both the proposal and implemented programme.

- Ensure adequate participation of, and consultation with, gender-focused inter-agency and other coordinating mechanisms (GenCaps, Gender Focal Points, the Gender Theme Group and the GBV subsector) to provide technical support and guidance on gender analyses. (See glossary for definitions.)

- Use participatory approaches involving women, girls, men and boys in the decision-making and planning processes for programmes that will directly affect them, their households and communities so that they are agents of change rather than passive recipients.

- Consult preparedness information, such as existing secondary data and analysis on gender roles and inequalities as well as GBV.

### FORMULATION OF THE HUMANITARIAN NEEDS OVERVIEW

- Break down population figures by sex, age and other relevant forms of diversity and compare data with pre-crisis information.

- Conduct a gender analysis of the situation of women, girls, men and boys. Look at population figures. Analyse primary and secondary data to identify the different dimensions of the crisis for women, girls, men and boys including their respective needs and capacities, roles, control over resources, dynamics and social inequalities/discrimination.

- Identify key gender inequalities and protection risks across sectors. Use pre-existing context-specific resources: your own agency’s gender analysis, if it has one; UN-Women country profiles; GBV subsector analysis; HCT gender strategy and protection strategy; HCT/Inter-Cluster Coordination Group minimum commitments; and NGOs and local institutions.
FORMULATION OF HUMANITARIAN RESPONSE PLANS

» When developing the strategy narrative, strategic objectives and indicators, cross-cutting issues, response monitoring and sector response plans, plan your response programming so that it is consistent with the gender issues identified in the Humanitarian Needs Overview.

» Address both the immediate practical needs of women, girls, men and boys and strategic interests regarding underlying causes and contributing factors to gender inequality.

» Prioritize prevention and response to GBV.

» Apply the IASC Gender Marker and review plans to improve gender equality programming.

» Engage in equitable and participatory approaches to involving women, girls, men and boys in decision-making processes so that they participate in the design and implementation of the programmes affecting them and that are included in the Humanitarian Response Plan.

» Ensure a demonstrable and logical link between the needs identified, programme activities and tracked outcomes.

» Include gender analysis results in the initial assessment reports to influence funding priorities for the overall response.

» Refer to gender audit results and look at resources already available and prioritize accordingly.

» Prepare key messages with inter-agency/intersectoral gender working groups (if established) to enable advocacy for both technical and financial resources with donors and other humanitarian stakeholders.

» Apply and track the IASC Gender Marker project codes to demonstrate gender equality programming and programming coherence.

» Report regularly to donors and other humanitarian stakeholders on resource gaps.
<table>
<thead>
<tr>
<th>HPC PHASE</th>
<th>KEY GENDER EQUALITY ACTIONS</th>
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| Implementation and monitoring     | » Develop and maintain feedback and complaint mechanisms that include ways to safely hear and respond to feedback and complaints both within the agency and with other agencies (where a community-based mechanism is possible). Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion.  
» Engage affected women and men in the delivery of the programme as much as possible as decision makers and implementers as well as recipients.  
» Inform women, girls, men and boys of the available resources as well as about the agency itself and how to influence the programme.  
» Monitor access to humanitarian protection and assistance by women, girls, men and boys as well as indicators designed to measure change for women and girls or men and boys based on the assessed gaps and dynamics.  
» Contribute to the Humanitarian Response Plan’s gender-specific outcome and all other gender-transformative outcomes through coordinating with other actors about implementation efforts, achievements and lessons learned.  
» Apply the IASC Gender Marker to assess and improve gender equality programming. |
| Gender and operational peer review and evaluation | » Review the methodologies and processes used in the Humanitarian Response Plan to determine whether there was equal participation of women and men (and girls and boys, where applicable), both in terms of their access to the services on offer and in their level of decision-making in the planning and implementation of the programme.  
» Where possible, review the project with women and men as well as girls and boys from appropriate age groups. Assess which women and girls were effectively reached and those who were not and why.  
» Share the IASC Gender Marker (monitoring phase) codings with the sector and collectively plan how to share good practices and address gaps. Review the levels of user satisfaction, benefits and project problems to improve practice and adapt the project (where applicable).  
» Evaluate the impacts on women, girls, men and boys, as outlined in the United Nations Evaluation Group guidelines for *Integrating Human Rights and Gender Equality in Evaluations*. |
Key approaches for effective gender-integrated humanitarian response

Whilst individual agencies have a responsibility to ensure that their respective response programmes meet the specific needs of women and girls, in addition there are a number of key approaches that the humanitarian community as a whole must have in place to ensure an effective gender-integrated humanitarian response:
Coordination

Coordination is essential to effective programming and response. When it comes to addressing the gender dimension of humanitarian responses, joint planning — the exchange of information and collaboration across the United Nations system and with international actors, including NGOs and local civil society — is crucial.

Establishing an inter-agency/intersectoral gender working group is one means of improving coordination, particularly where there are designated gender advisers and organizations with specific expertise. The main purpose of the network is to facilitate dialogue, ensuring that people are informed of key issues and developments in terms of the changing roles, needs and conditions of women, girls, men and boys in the affected community. It is a means of encouraging greater integration of gender perspectives into all programmes.

An inter-agency/intersectoral gender working group comprises representatives of the Government, civil society, NGOs and United Nations agencies, at both the national and local levels. However, a network is only as effective as its members and if the participants are not at an adequately senior level or do not have experience in gender-related issues, they cannot be fully effective.

In complex or large-scale emergencies, an inter-agency gender expert or adviser to the Humanitarian Coordinator is needed to provide technical support and guidance to practitioners, and to help adjust programming to ensure better coordination and integration of gender perspectives.

Gender advisers can provide advice and guidance to other technical experts. They facilitate the process of integrating gender throughout the coordinated humanitarian effort but are not solely responsible for this process. They can help you to think, plan and design assessments and interventions so that gender dimensions are not lost. They can point to gaps in information and data. Often, they are knowledgeable about existing local women’s organizations that can provide additional information and ideas for addressing difficult problems. Through the inter-agency/intersectoral gender working group, they can ensure that there is communication across sectors.

In addition to the coordination with the inter-agency/intersectoral gender working group and the gender adviser, it is important that all actors, as they coordinate, assess, prioritize and implement programmes, continually ask the basic questions: Are they addressing the differential needs of women, girls, men and boys? Are they including women and men in decision-making, drawing and building on their capacities? Whether asked by health workers, food delivery services, human rights observers, water and sanitation experts or mine action staff, these questions are pertinent to ensuring an effective response.
What are the elements of effective coordination on gender issues?

No single intervention, individual actor or organization on its own can effectively address the diverse needs of women and men, particularly if other entities in the field are not sensitive to these gender differences. To be effective, it is important that the inter-agency/intersectoral gender working group:

• **Assess the situation and needs together.** Because gender issues cut across all areas of work, it is useful and important for the inter-agency/intersectoral gender working group to analyse the social, political, economic and military environments as they affect women, girls, men and boys, and boys specifically, as well as their immediate survival needs. This provides better understanding of the dynamics and impact of an emergency or crisis, and enables field practitioners to identify practical ways in which they can work together, ensure the participation of local actors and take measures to build the capacity of field staff as well as local actors on gender analysis and programming.

• **Develop common strategies.** Assistance is most effective when all actors and partners share goals and are able to identify common priorities. When it comes to analysing gender dimensions, the failure to establish common priorities can lead to short-term programmes being developed without seeing how they can be scaled up to address needs more widely. Besides developing common strategies, actors should develop common tools for gender analysis and assessment and evaluation of the degree of gender sensitivity in programming.

• **Convene coordinating forums.** Meetings with all actors, including donors, local and government representatives and humanitarian workers, are necessary to map out gender-responsive activities. The meetings can help not only to raise awareness among stakeholders about the differential needs of women, girls, men and boys, but also to ensure that these perspectives are helping to inform and shape interventions in all sectors.

• **Set aside adequate funds for coordination.** To achieve this, it is important that coordination mechanisms be taken into consideration by the member agencies of the inter-agency/intersectoral gender working group when allocating a gender budget for an intervention. One example is budgeting for gender in humanitarian action personnel to ensure that the agency has the expertise needed to include gender adequately in its humanitarian response programming and to engage in the coordinated effort.

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**Checklist to assess gender coordination efforts in emergencies**

1. One or more gender experts are deployed in the emergency situation.

2. Gender networks are established at both the national and local levels, with representation from all clusters/sectors. They meet regularly and systematically assess and report on the gender dimensions of each area of work, as well as gaps and progress in achieving their terms of reference.

3. Disaggregated data are collected, analysed and used in planning and implementation.

4. Gender analysis and sex-disaggregated data are a routine part of an agency’s reporting mechanisms.

5. Each sector/cluster has a gender action plan and routinely reports on the status of gender indicators provided in the IASC Gender Handbook.

6. Gender dimensions are integrated into the training provided to field actors in all sectors/clusters and on cross-cutting issues.
SAMPLE TERMS OF REFERENCE FOR AN INTER-AGENCY/INTERSECTORAL GENDER WORKING GROUP

Purpose

The Inter-agency/intersectoral gender working group will support and undertake activities to ensure that the gender dimensions of all clusters/sectors in emergency situations are being addressed.

Chair

An agency with strong gender expertise or a co-chairing arrangement is a good option.

Composition

• All sector and cluster leads should send senior representatives to the working group.
• Membership should include local women’s groups, NGOs, United Nations agencies and representatives of relevant government ministries.

Activities

• Ensure that a gender analysis of the situation has been carried out early on the response, and documented and shared for all actors to use.
• Promote networking and information-sharing on the gender dimensions of all assistance and protection areas of work.
• Use the IASC Gender Handbook as a tool to provide guidance on gender mainstreaming in the various clusters/sectors.
• Increase public awareness and advocate for gender-related issues.
• Ensure the availability and use of sex-disaggregated data. Assist in the collection and analysis of sex-disaggregated data and train actors as needed.
• Support partnerships between civil society organizations, the Government and the United Nations/NGO community.
• Assist in preparing gender-sensitive action plans for each sector/cluster.
• Provide training as needed on the gender dimensions of emergency situations.
• Routinely meet and provide reports to the Humanitarian Coordinator.
• Routinely monitor the progress in gender mainstreaming by using the IASC Gender Handbook.
Women and men both have the right to participate in the key decisions that affect their well-being and that of their families and communities. Each group in a crisis-affected population has specific needs and capacities based on their gender and age group and other aspects of diversity (such as disability, ethnic, religious and linguistic identity). It is critical to encourage groups to participate in a manner that allows them to express their needs and concerns, influence decisions and contribute their skills. Without the opportunity to participate, people lose their sense of dignity, self-worth and agency. When humanitarian action is informed by the needs, capacities and priorities of women, girls, men and boys, it is more effective and empowering.

Participation does not refer to passive inclusion. Participation should include the active and meaningful contribution of all impacted by the emergency from design through to implementation and programme review. Meaningful contribution encompasses the instrumental voices and opinions of all affected women, girls, men and boys that help actors to better understand needs and empower affected members in a community.

Meaningful participation of diverse women, girls, men and boys in all stages of humanitarian action includes as many of the following six methods as possible.

Further resources
- UNHCR Tool for Participatory Assessments in Operations, https://tinyurl.com/yavwnset
- UNICEF Participatory Assessment Tool, https://tinyurl.com/yabo95cw
- WFP Participatory Approaches, https://tinyurl.com/y8mgvvah
- IASC and other AAP and protection from sexual exploitation and abuse tools, https://tinyurl.com/y7o chu3a
1. Conduct participatory assessments

- Participatory assessments and outreach efforts must be undertaken from the early stages and continue through every stage of humanitarian action. Conduct assessments to understand existing barriers to accessing the programme experienced by all those affected by the crisis. Speak with women, girls, men and boys separately and ensure that action is fully informed by their recommendations and needs. Provide measures that encourage full participation by all women and men (i.e., childcare, travel stipends, gender-specific focus groups, etc.).

- Do not enter a humanitarian response with preconceived ideas about what works and what does not. It’s true that general guidelines for interventions are given; nevertheless, everything needs adaption prior to adoption. The best people to provide you with the tailoring needs of your interventions are the targeted populations with all their layers: gender, ability/disability, education, orientations (race, sexual, religious, cultural, etc.).

- For more information on conducting assessments, see the section on needs assessment and analysis on pages 28–41.

2. Adopt community-based approaches

- Follow ethical guidelines of social research when collecting any piece of information from direct beneficiaries and ensure no harm.

- Inform women, girls, men and boys of their rights and responsibilities.

- Conduct consultations to motivate the entire community to collaborate around crisis response. Advocate for the added value of participation by all women, girls, men and boys in community activities, including decision-making processes, thereby creating ownership over their identified solutions and enabling their level of self-efficacy.

- Prioritize building on existing community structures, relationships and systems.

- Help establish women’s, girls’ and youth groups within the community and enable them to undertake leadership roles.

- Provide collective opportunities for women, girls, men and boys that benefit the entire community.

3. Identify local groups, networks and social collectives

- From the outset of humanitarian action, identify local groups, in particular, informal networks of women, youth, organizations of persons with disabilities and LGBTI groups. This also includes men’s groups which can be recruited as allies.

- Understand the immediate needs of the local groups and consider ways to support their participation in programme design, delivery and monitoring.

- Develop their capacity to engage, such as through the provision of training and small grants.

- Encourage expansion of local groups by connecting them to other networks or groups. For example, provide transportation or forums for information exchanges.

- Encourage active and equitable representation of women and men in different age groups and from various backgrounds in the committees, including in decision-making positions.

- Ensure that local groups have a voice and role in coordination.

- Recognize local groups as especially valuable in spreading information, community advocacy, arranging meetings, resolving conflicts and as a resource generally.

- Establish steady coordination mechanisms upon identifying local actors and networks to sustain participation.

4. Facilitate training and information exchanges

- Inform all groups of their rights to access, participate and lead in the planning and implementation of humanitarian action.

- Include representatives of local groups — especially of women, persons with disabilities, LGBTI and youth groups and informal networks — in training and information exchange networks.

- Provide training sessions on topics such as community mobilization, as well as vocational training in skills that would enable group members to participate in all humanitarian programmes.
5. Implement a representative and participatory design process

- Ensure that meeting times are advertised in advance and through media that are accessible to women, girls, men and boys, including those with disabilities, low literacy and from linguistic minority groups.

- If it is necessary to mix these groups, address any barriers that may stem from gender norms, e.g., the voices of men and boys carry more weight than women's whilst women's voices are heard more than girls' voices. Issues faced by LGBTI individuals are often taboo. Care must be taken to include the participation of all affected children in a meaningful, accessible and safe manner.

- Be aware of commitments which may serve as a barrier to participating in meetings/consultations and address them. For instance, provide community day-care facilities to relieve women of their unpaid caring responsibilities.

- Whilst it is critical to engage men and boys in issues of gender equality, conversations about certain issues such as health, hygiene and violence may need to be held separately for women, girls, men and boys.

- Make sure that design meetings and discussions with women and girls are led by women, as culturally appropriate and preferred. Where translators are needed, have women and men translators (unless it is an event only for women and girls, in which case no men should be present).

- Design participation should not come at the price of overburdening women or men. Be aware that targeting women for greater engagement may mean increased responsibilities for women and men may not appreciate what they feel is a shift in power. Discuss such problems and possible solutions with both women and men.

- Secure safe meeting spaces and accessible times for all. Use existing structures and mechanisms for meetings such as schools, health clubs, worship groups/meeting places. Where women are not present or their voices cannot be heard in existing structures or public forums, look for other ways that local female staff or community volunteers can get opinions and feedback from women.

6. Provide accountability to the impacted population by managing two-way communication channels that provide feedback and complaint mechanisms

- Take special measures so that every member of the community is aware that feedback and complaint mechanisms exist and understands how to use them.

- Respond to feedback and act upon complaints in timely manner.

- Build trust by being accountable to community members. Inform women, girls, men and boys about your organization and how it works. Report back to the community on the progress of programme implementation and inform participants about how their input and participation will contribute to outcomes.

- Identify and remove any barriers to complaint mechanisms faced by women, girls, men and boys, including the most marginalized such as GBV survivors, persons with disabilities, adolescents and LGBTI individuals.

- Possible feedback mechanisms include: discussions in sex-segregated groups; community women and men acting as focal points; and anonymous feedback boxes left in accessible places. Where confidentiality is crucial, meet crisis-affected individuals or groups in safe locations of their choosing.

- If the technology is available, set up hotlines to report complaints or use a text messaging system. It is important, however, that you first have a clear picture of how often women, girls, men and boys access phones and the Internet and in what ways. Use age-appropriate technology.

- Provide adequate oversight of feedback and complaint mechanisms. These must be safe, accessible, confidential and provide sufficient and timely response and assistance if and when needed.

It is imperative to collaborate with the protection sector and where possible, the community-based complaints mechanism and/or Protection from Sexual Exploitation and Abuse Taskforce to ensure that the appropriate process is in place and personnel are prepared to receive and respond to complaints, particularly those related to violence, including sexual exploitation and abuse by humanitarian actors or other individuals, groups and organizations.
Checklist to ensure equal participation

1. Women and men of all ages affected by humanitarian emergencies receive information on the programme and are given the opportunity to comment during all stages of the programme cycle.

2. Balanced representation by women and men in all groups is achieved.

3. Programmes are based on the willing cooperation of the affected population.

4. Special forums exist for the participation of women and youth.

5. Programme objectives reflect the needs, concerns and values of all segments of the population affected by humanitarian emergencies.

6. Assessment results are communicated to all concerned organizations and individuals.

7. Mechanisms are established to allow all segments of the affected population to provide input and feedback on the programme.

8. Age- and sex-specific outreach is established for individuals who are marginalized, for example the homebound, persons with disabilities or others who may have problems accessing services.

9. Programming is designed to maximize the use of local skills and capacities, including the skills and capacities of women and youth.

10. Gender-sensitive programmes are designed to build on local capacity and do not undermine women’s, girls’, boys’ and men’s own coping or other strategies.

11. Programmes support, build on and/or complement the gender-responsiveness of existing services and local institutional structures.

12. Local and national governmental organizations are consulted in the longer-term design of gender-sensitive programmes.

13. Trainings and workshops are undertaken with the inclusion of representatives from the community and local groups and networks such as youth groups, women’s organizations and other collectives.
Gender-based violence mitigation and response

Humanitarian crises heighten protection risks for women, girls, men and boys as crises weaken or collapse the usual informal and official protection mechanisms. Women, girls, LGBTI individuals and persons with disabilities are often exposed to higher risks given that crisis contexts aggravate existing disadvantages and discrimination. However, men and boys are also victims of GBV, particularly in conflict-related humanitarian situations.

While the protection cluster is dedicated to ensure the protection of all persons affected by crisis, every humanitarian actor and cluster has the responsibility to do so and uphold the “do no harm” principle within their specific clusters and sectors of work. GBV prevention and response to GBV is a key cross-cutting priority in protection programming and requires a coordinated effort to ensure that all sectors address this issue in the planning and implementation of their response efforts. All humanitarian stakeholders have a responsibility to protect all those affected by crises, by:

- Reducing risk of GBV by implementing prevention and mitigation strategies from pre-emergency to recovery stages of humanitarian action;
- Promoting resilience by strengthening national and community-based systems that prevent and mitigate GBV, and by enabling survivors and those at risk of GBV to access specialized care and support;
- Aiding recovery of communities and societies by supporting local and national capacities to create lasting solutions to the problem of GBV.

To this end, it is imperative to collaborate with the protection sector and where possible, the community-based complaints mechanism and/or Protection from Sexual Exploitation and Abuse Task Force to ensure that the appropriate process is in place and personnel are prepared to receive and respond to complaints, particularly those related to violence, including sexual exploitation and abuse by humanitarian actors or other individuals, groups and organizations.

Further resources

Prevention and mitigation of gender-based violence is a critical component of any programme in humanitarian action and every humanitarian actor should factor this approach in their work to ensure the rights of women, girls, men and boys to life and live free from violence and abuse. Ensuring that every humanitarian actor is trained in protection issues and standard codes of conduct to combat sexual abuse and exploitation is a preliminary but necessary step towards GBV prevention and mitigation.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE

Protection from sexual exploitation and abuse (PSEA) relates to the responsibilities of international humanitarian, development and peacekeeping actors to prevent incidents of sexual exploitation and abuse committed by personnel of the United Nations, NGOs or intergovernmental organizations against the affected population; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible when incidents do occur.

PSEA is an important aspect of preventing GBV and PSEA efforts should therefore link to GBV expertise and programming, especially to ensure that survivors’ rights and other guiding principles are respected. These responsibilities are at the determination of the Humanitarian Coordinator/Resident Coordinator and individual agencies. As such, detailed guidance on PSEA is outside the authority of these guidelines. The guidelines nevertheless wholly support the mandate of the Secretary-General’s Bulletin and provide several recommendations on incorporating PSEA strategies into agency policies and community outreach. Detailed guidance is available on the IASC AAP/PSEA Task Force website: https://tinyurl.com/ycfwkawe

– IASC GBV Guidelines 2015
Transformative change

Transformative change is fundamental, lasting change. It goes beyond meeting the immediate needs of women, girls, men and boys. In terms of gender equality, it means changes in the structures and cultures of societies, as well as in ways of thinking and believing. As crises disrupt existing structures and mechanisms, they have the potential to challenge and change pre-existing gender roles and power dynamics. They can serve as opportunities to address structural inequalities and thereby enable transformative change. At the same time, it is important that the facilitation of such change is informed by the change that women and girls seek.

The ongoing discussions on the humanitarian-development nexus recognizes that meaningful and sustainable impact in the context of fragile States, disasters and conflict requires complementary action by humanitarian and development actors. As such, the empowerment of women and girls should extend not only to their roles in crisis response, but also in development assistance, peacebuilding and security, mediation, reconciliation and reconstruction, conflict and crisis prevention. The inclusion and leadership of local women is crucial to the successful outcomes of these efforts and should be facilitated and enabled.
Transformative change:

- Challenges unequal power relations between women, girls, men and boys, so that women and girls take power in order to realize their rights with dignity and on an equal basis with men.

- Challenges unequal power relations at all levels of institutions and all sites where gendered power relations are played out: the individual, the household, the community and the national and global levels.

- Refers to structural change, i.e., it addresses the root causes of the problem rather than the symptoms. This requires challenging and proposing alternatives to: (i) the discriminatory social norms, attitudes, beliefs and structures that create and perpetuate discrimination against women and girls; and (ii) the discriminatory policies and practices of institutions, Governments and businesses. This can happen when duty bearers are held to account.

- Involves widespread and sustainable change over the long term. This process of change needs to start with an analysis of gender and social discrimination in a particular setting.

- Facilitates the participatory, inclusive and consolidated role of women across all humanitarian, peacebuilding and development strategies, activities and outcomes, including crisis response, recovery processes, development assistance, peacebuilding and security, mediation, reconciliation and reconstruction, and conflict and crisis prevention.

Enabling the active participation of local women and women’s organization is a critical first step to facilitating transformative change. This goes beyond consulting with affected women and girls and includes building the capacity of local women by enabling them to gain financial independence, leadership abilities and literacy and advocacy skills, and promoting their voices and opinions to enable them to emerge as agents of change in their communities.
Gender equality and specific sectors
Cash-based interventions

This chapter explains how to integrate gender equality into cash-based interventions (CBIs). You can find information on why incorporating gender equality is important for this sector as well as key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC) for CBIs. After this checklist, you can find more detail on how to go about gender equality programming in each of the phases of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis in the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each one of those phases. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in cash-based interventions?

CBIs — such as cash transfers, cash-for-work, cash grants and vouchers and other delivery strategies — help to foster self-reliance and build resilience. They enable recipients to prioritize their own needs and those of their families. When women and girls have safe and equal access to CBIs, they are better able to meet their basic needs and are much less vulnerable to sexual exploitation, stigma or negative coping strategies such as transactional sex or child marriage. CBI programmes must therefore be designed and implemented in ways that are accessible to women, men, older girls and boys from diverse groups.

Integrating gender equality into CBI programming will achieve the following goals:

- **Promote women's rights and choices and reduce barriers and risks.** The gender-specific needs of women, men, older girls and boys from diverse groups can be met by tailoring the means of registration, frequency, amounts and mechanisms of transfer. For example, the timing and mechanism to distribute cash must consider women's household care duties, ease of movement, perceived stigma for LGBTI individuals, access to financial institutions and familiarity with technology, such as mobile phones.

- **Strengthen local economies, thereby benefiting both the affected population and the host community.** The provision of cash to be spent in local markets shifts the demand of goods and services towards the needs of recipients. How women and men spend the cash leads markets to better reflect their needs and those of their dependents.

- **Promote economic self-reliance.** Targeted CBIs can particularly assist women and LGBTI entrepreneurs — usually the drivers of informal economic activities — to start, rebuild or expand their means of economic livelihood and improve their chance of recovery, independence and future resiliency.

- **Provide a shift in gender relations towards equality.** Providing regular and consistent income to the female head of a household can improve health, education and other humanitarian outcomes for all members of the household and can strengthen women's self-sufficiency and resilience.

Integrating gender equality and cash-based interventions in the Humanitarian Programme Cycle

This section outlines the necessary actions front-line humanitarian actors from United Nations agencies, local and international NGOs and government agencies should take to promote gender equality in CBIs at each stage of the Humanitarian Programme Cycle.
### KEY GENDER EQUALITY ACTIONS FOR CASH-BASED INTERVENTIONS AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

<table>
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<tr>
<th>Stage</th>
<th>Key Actions</th>
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| **1 Needs assessment and analysis** | • Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to CBI.  
• Conduct a gender analysis as part of CBI needs assessments and analyse the findings. |
| **2 Strategic planning** | • Integrate gender equality into CBI programme design, utilizing the findings from the gender analysis and other preparedness data.  
• Ensure a demonstrable and logical link between the gender-specific needs identified for the CBI sector, project activities and tracked outcomes.  
• Apply gender markers to CBI programme designs for the response. |
| **3 Resource mobilization** | • Apply gender markers to CBI programmes in the response.  
• Include information and key messages on gender and the CBI sector for inclusion in the initial assessment reports to influence funding priorities.  
• Report regularly to donors and other humanitarian stakeholders on resource gaps on gender within the CBI sector. |
| **4 Implementation and monitoring** | • Implement CBI programmes which integrate gender equality and inform women, girls, men and boys of the resources available and how to influence the project.  
• Develop and maintain feedback mechanisms for women, girls, men and boys from all diverse groups as part of CBI projects.  
• Apply gender markers to CBI programmes in the response.  
• Monitor the access to CBI by women, girls, men and boys and develop indicators designed to measure change for those groups based on the assessed gaps and dynamics. |
| **5 Gender operational peer review and evaluation** | • Review projects within the CBI sector and CBI response plans. Assess which women, girls, men and boys were effectively reached and those who were not and why  
• Share good practices around usage of gender markers and address gaps.  
• Assess impacts on women’s/households’ self-sufficiency |
1 Needs assessment and analysis

Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. Gender markers should be used in this phase to guide the needs assessment and analysis (see section B, pages 48–51 for more information on gender markers). The rapid gender analysis tool in section B (pages 30–36) provides a step-by-step guide on how to do a gender analysis at any stage of an emergency and should be used together with the CBI-specific information in this chapter.

When collecting information for the CBI sector, the gender analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard CBI assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the CBI sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. The assessment should align with good practice and key standards on coordination, women’s participation, GBV prevention and mitigation and gender-adapted assistance, and have a transformative approach as per the table on pages 100–101 on “Key approaches and standards for needs assessment and analysis in CBI programming”.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring results. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors, or through small sample surveys. Data gathered and analysed by sex and age can provide a clearer picture of needs, access, and retention in CBIs. Gender- and age-specific data and analysis are key to identifying which groups are being marginalized and for what reasons, and to design an effective response (see more on data in section B, pages 39–41). In addition to using SADD, depending on the context, it is important to disaggregate the data based on other diversity factors, such as ability, ethnicity, language spoken, level of income or education.

Sources for a gender and CBI analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles, such as those produced by UNHCR, WRC, Oxfam or the Cash Learning Partnership. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the gender analysis, these should be supplemented with participatory data collection from women, girls, men and boys affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

The table on the next page summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or individual agency (with the emergency response coordinator accountable).

KEY ASSESSMENT TOOLS:

# Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country, review pre-existing gender analysis from NGOs, the Government and United Nations agencies</td>
<td>Snapshot (6 pager)</td>
</tr>
<tr>
<td></td>
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<td><a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a></td>
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<td>Infographic</td>
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<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction.</td>
<td>Briefing note (2 pager)</td>
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<tr>
<td></td>
<td>Identify opportunities for coordination with existing organizations working on gender issues</td>
<td>identifying strategic entry points for linking humanitarian programming to existing gender equality programming</td>
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<td></td>
<td>Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the CBI sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td><a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a></td>
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<tr>
<td></td>
<td></td>
<td>Map and contact details of organizations working on gender in the country</td>
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<tr>
<td></td>
<td></td>
<td>Rapid gender analysis report</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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<td>----------------------------------------------------</td>
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<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated <strong>comprehensive gender analysis</strong> building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baseline and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rggut">https://tinyurl.com/p5rggut</a></td>
</tr>
</tbody>
</table>
THE GENDER ANALYSIS FOR CASH-BASED INTERVENTIONS SHOULD ASSESS:

- **Population demographics.** What was the demographic profile of the population disaggregated by sex and age and other diversity factors before the crisis? And what has changed since the crisis or CBI programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles.** What were the roles of women, girls, men and boys of different ages? How have the roles of women, girls, men and boys of different ages changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

- **Decision-making structures.** What structures were used by the community to make decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

- **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? Do any other diversity factors that intersect with gender affect their protection risks? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations.** What are the CBI-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of the unique humanitarian needs of women, girls, men and boys and whether these can be addressed through the distribution of cash; types of labour women and men could undertake in cash-for-work programmes; and access to and functionality of markets, i.e., how markets respond to cash transfers.

POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO CBI INCLUDE:

- What additional support, such as childcare and transit, do women need to engage in work activities?

- What additional support do elderly women need to access CBIs? Are elderly women responsible for childcare and or for looking after their families?

- What specific barriers may LGBTI individuals face when accessing CBIs?

- What are the household attitudes towards women handling cash and deciding on its use? Do women have experience handling cash or is financial training support required?

- Do women and men have the identification documents and/or access to technology that is required to receive the cash?

- What potential activities could women engage in that would increase their self-efficacy and resilience?

- What kind of work is culturally acceptable for women and men? What particular barriers to working do women face? Do lesbian or transgender women face particular barriers?

- Which factors (e.g., amount, duration, frequency, transfer mechanism) are essential to ensure safer cash transfers to women and men?

- Would women, girls, men and boys face new risks, due to involvement in CBIs?

- Who decides which cash-for-work activities should be carried out within the community?
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN CBI PROGRAMMING

Coordination

GOOD PRACTICE

» The CBI assessment team should work with women’s rights, LGBTQI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality CBI programming.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

» Ensure an equal balance of men and women on the CBI assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTQI groups where possible to inform the analysis of the particular needs of these groups relating to CBI's.

» Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities.

» Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the CBI programme.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, in the needs assessment and analysis.

BE AWARE!

» Advertise meetings through accessible mediums for those with disabilities, low literacy and from linguistic minority groups.

» Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTQI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTQI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
GBV prevention and mitigation

GOOD PRACTICE

» Use this handbook together with the IASC Guidelines for GBV Interventions in Humanitarian Actions.

» Train staff on how to refer people to GBV services.

BE AWARE!

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when collecting information directly from vulnerable groups and others.

Gender-adapted assistance

GOOD PRACTICE

» Identify groups with the greatest CBI support needs, disaggregated by sex and age.

» Analyse the barriers to equitable access to CBI programmes/services, disaggregated by sex and age, using the data from the gender analysis.

BE AWARE!

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

Transformative approach

GOOD PRACTICE

» Use the gender analysis to identify opportunities to challenge structural inequalities between women and men, and to promote women’s leadership.

» Invest in targeted action to promote women’s leadership, LGBTI rights and reduction of GBV.

BE AWARE!

» Ensure that any negative effects of actions within the CBI programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the do no harm principle (see section B, page 86 for more information on this concept).
Now that the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can now be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the CBI sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches, explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men, and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcome of a gender analysis:

---

**Good practice**

A cash-for-work project in Bangladesh ran into resistance in the community, because in rural areas of the Muslim country, women are often prohibited from working outside the home. Participants encountered resistance from relatives and religious leaders who did not want them to participate in the projects, which involved burial sites and constructing feeder roads. Once the women began to earn income, their husbands and relatives became much more accepting of the programme, and women felt that their status was improved because of their contribution to household finances and their equal input into spending decisions. When disputes arose, local committee members acted as outside mediators. Despite initial doubts, more than half of the programme’s participants were female.

WOMEN’S REFUGEE COMMISSION. 2009. BUILDING LIVELIHOODS: A FIELD MANUAL FOR PRACTITIONERS IN HUMANITARIAN SETTINGS P82
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What kind of work is culturally acceptable for women and men?</td>
<td>Cultural norms limit the options for women to engage in cash-for-work (CFW) activities. Paternalistic environments women live in do not allow them to access labour market for work (culture, safety, reproductive role, work with other gender). Women have little experience engaging in paid work outside the home. CFW activities take place during the hours when women are heavily engaged in care work. The CFW programme does not accommodate the needs of pregnant and lactating women.</td>
<td>Women engage in income generating activities and support household financially.</td>
<td>Percentage of women in the affected populations actively engaged in income-generating activities Percentage of women who retain their income-generating activities over a period of 6 months</td>
</tr>
<tr>
<td>What barriers to working do women face?</td>
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</table>

Identify CFW activities that are culturally acceptable and safe for women through community consultations (e.g., preparing meals for workers, home repair like painting walls within a compound), while at the same time working to promote women’s rights and opportunities.

Raise the awareness of male figures in households on the realities of the labour market and shedding their fears in relation to women’s engagement in income-generating activities.

Train women and men with the skills to safely and effectively carry out CFW activities.

Provide childcare as a cash-for-work opportunity for mothers who are exclusively home-based, freeing women to participate in other CFW activities and enhancing the value of women’s care work.

Create flexible schedules for women to participate.

Find work solutions for pregnant and lactating women and women and men with disabilities.
<table>
<thead>
<tr>
<th>EXPECTED RESULTS</th>
<th>EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)</th>
<th>GENDER-ADAPTED PROGRAMMING ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women safely access CFW interventions in culturally acceptable way.</td>
<td>Number and percentage of women who access CFW interventions</td>
<td>Identify CFW activities that are culturally acceptable and safe for women through community consultations (e.g., preparing meals for workers, home repair like painting walls within a compound), while at the same time working to promote women’s rights and opportunities.</td>
</tr>
<tr>
<td>Male figures are less sceptical and feel more confident about women joining the labour market.</td>
<td>Positive change is reported (in focus group discussions) in women’s and men’s opinion of women’s work outside the home over the duration of the programme</td>
<td>Raise the awareness of male figures in households on the realities of the labour market and shedding their fears in relation to women’s engagement in income-generating activities.</td>
</tr>
<tr>
<td>Women and men are trained on skills necessary for income-generating activities.</td>
<td>Number and percentage of women and men who successfully completed and passed a training course necessary for income-generating activities</td>
<td>Train women and men with the skills to safely and effectively carry out CFW activities.</td>
</tr>
<tr>
<td>Childcare services are provided to encourage women to engage in income-generating activities.</td>
<td>Percentage of working women who resort to offered childcare services</td>
<td>Provide childcare as a cash-for-work opportunity for mothers who are exclusively home-based, freeing women to participate in other CFW activities and enhancing the value of women’s care work.</td>
</tr>
<tr>
<td>Women engage in income-generating activities that suit their working hours.</td>
<td>Women report (in focus group discussions) being more reassured to leave their children in childcare or with a trusted individual to join an income-generating activity</td>
<td>Create flexible schedules for women to participate.</td>
</tr>
<tr>
<td>Appropriate income-generating activities are available for women and men with disabilities and for pregnant and breastfeeding women.</td>
<td>Percentage increase over the programme intervention period of women engaged in income-generating activities</td>
<td>Find work solutions for pregnant and lactating women and women and men with disabilities.</td>
</tr>
</tbody>
</table>

- **EXPECTED RESULTS**
  The outputs of the intervention that will achieve the specific objective
- **EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)**
  Indicators to measure the extent the intervention achieves the expected result
- **GENDER-ADAPTED PROGRAMMING ACTIVITIES**
  Identify CFW activities that are culturally acceptable and safe for women through community consultations (e.g., preparing meals for workers, home repair like painting walls within a compound), while at the same time working to promote women’s rights and opportunities.

Women safely access CFW interventions in culturally acceptable way.

Male figures are less sceptical and feel more confident about women joining the labour market.

Women and men are trained on skills necessary for income-generating activities.

Childcare services are provided to encourage women to engage in income-generating activities.

Women engage in income-generating activities that suit their working hours.

Appropriate income-generating activities are available for women and men with disabilities and for pregnant and breastfeeding women.

Number and percentage of women who access CFW interventions

Positive change is reported (in focus group discussions) in women’s and men’s opinion of women’s work outside the home over the duration of the programme

Number and percentage of women and men who successfully completed and passed a training course necessary for income-generating activities

Percentage of working women who resort to offered childcare services

Women report (in focus group discussions) being more reassured to leave their children in childcare or with a trusted individual to join an income-generating activity

Percentage increase over the programme intervention period of women engaged in income-generating activities

Percentage of women and men with disabilities and pregnant and breastfeeding women involved with income-generating activities

Women report (in focus group discussions) being more reassured to leave their children in childcare or with a trusted individual to join an income-generating activity

Percentage increase over the programme intervention period of women engaged in income-generating activities

Percentage of working women who resort to offered childcare services

Women and men are trained on skills necessary for income-generating activities.

Childcare services are provided to encourage women to engage in income-generating activities.

Women engage in income-generating activities that suit their working hours.

Appropriate income-generating activities are available for women and men with disabilities and for pregnant and breastfeeding women.

Identify CFW activities that are culturally acceptable and safe for women through community consultations (e.g., preparing meals for workers, home repair like painting walls within a compound), while at the same time working to promote women’s rights and opportunities.

Raise the awareness of male figures in households on the realities of the labour market and shedding their fears in relation to women’s engagement in income-generating activities.

Train women and men with the skills to safely and effectively carry out CFW activities.

Provide childcare as a cash-for-work opportunity for mothers who are exclusively home-based, freeing women to participate in other CFW activities and enhancing the value of women’s care work.

Create flexible schedules for women to participate.

Find work solutions for pregnant and lactating women and women and men with disabilities.
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</tr>
</thead>
<tbody>
<tr>
<td>Which factors (e.g., amount, duration, frequency, transfer mechanism) are essential to ensure safer cash transfers to women and men?</td>
<td>Women do not have identification documents, a bank account or are registered under adult male relatives so cannot receive assistance on their own.</td>
<td>Women are able to support the well-being of their families and are the decision makers when it comes to channels of expenditure.</td>
<td>Percentage of income spent on food, health care and education</td>
</tr>
<tr>
<td>Would women, girls, men and boys face new risks, due to involvement in CBIs?</td>
<td>Women targeted for cash assistance identify potential for increased GBV, including intimate partner violence or exploitation at home. Men resentful of changing gender roles which they feel undermines their authority and threatens established household roles and responsibilities. Some LGBTI individuals and young women report obstacles to safely in work environments.</td>
<td>Women, girls and LGBTI are empowered with knowledge and skills to address risks due to their involvement in CBI. Women, girls and LGBTI persons are subject to fewer risks and dangers as a result of their involvement in CBI.</td>
<td>Percentage of women and men who have acquired knowledge and skills as a result of CBI Percentage of women, girls and LGBTI individuals who report feeling safe due to the CBI involvement Decrease in the number of safety/risk incidents reported and addressed through reduced stigma as a result of the CBI</td>
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<table>
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<tr>
<th>INDICATORS</th>
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<tbody>
<tr>
<td>Percentage of income spent on food, health care and education</td>
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<tr>
<td>Gender Analysis</td>
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<tr>
<td><strong>Expected Results</strong></td>
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<tr>
<td><strong>Gender-Adapted Programming Activities</strong></td>
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Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the camp coordination and camp management (CCCM) cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

- It is important to consider that costs may differ; for example, if the programme wants women to access CBI but literacy levels are an issue, extra costs may be incurred to adapt the programme.

Gender markers should be used at this phase to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (See section B, pages 48–51 for more detail on gender markers).

It is also important when developing funding proposals to avoid assumptions and use the gender analysis to justify the proposed programme. In the case of CBI interventions, for example, do not assume that cash transfers for women are always an empowerment tool; do not assume that all gender and age groups have the same access to technology when selecting the transfer methodology; and do not assume that access to and control over cash are the same for all gender and age groups.
Once the resources have been mobilized, the next stage of the HPC is the implementation and monitoring of the programme.

**Implementation**

In order to ensure that CBI programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

- Tailor programme activities to the specific CBI-related needs, capacities and priorities of all women and girls, men and boys.
- Inform women, girls, men and boys of the available resources and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of CBI programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the CBI programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table below).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

**Good practice**

As part of an International Rescue Committee (IRC) cash transfer programme in Jordan which began in 2013, women in the focus group discussions perceived that the cash assistance reduced household tensions, and also reduced domestic violence against women and between parents and children. Counsellors and cash assistance officers, who regularly monitor cases and the impact of cash distributions also corroborated a link between cash transfers and reduced domestic violence. However, this does not occur in all cases and there are a few case reports and other research findings of cash exacerbating tensions, highlighting the need for thorough monitoring, preferably through case management, throughout the duration of cash transfer programmes.

UNHCR AND IRC, INTEGRATING CASH TRANSFERS INTO GENDER-BASED VIOLENCE PROGRAMS IN JORDAN: BENEFITS, RISKS AND CHALLENGES, 2015
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN CBI PROGRAMMING

**Coordination**

**GOOD PRACTICE**

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in CBI programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with the cash working group and other humanitarian service providers to ensure gender-related CBI considerations are included across all sectors and to avoid duplication.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation for women, girls, men and boys relating to CBI and sex- and age-disaggregated data.

» Coordinate with the gender working group in country when present.

**BE AWARE!**

» Be aware that the experiences and needs of LGTBI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

**Participation**

**GOOD PRACTICE**

» Implement a representative and participatory design and implementation process that is accessible to women, girls, men and boys and LGBTI individuals.

» Strive for 50 per cent of CBI programme staff to be women, including work site supervisors in cash-for-work programmes. There are some situations where there may be a majority of women and girls as the men and boys are left behind or fighting.

» Ensure that women, girls, men and boys participate meaningfully in CBI programmes and are able to provide confidential feedback and access complaints mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
Participation (continued)

**BE AWARE!**

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, no government acceptance of LGBTI individuals, ease of movement, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community and/or religious leaders prior to talking with women community members in order to avoid backlash.

**GOOD PRACTICE**

» Follow the guidance provided on CBIs in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Prevention and response to GBV is a key cross-cutting priority for CBI programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Do no harm: Identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section B, page 86 for more information on this concept.)

» Employ and retain women and members of other at-risk groups as staff members.

» Conduct safety assessments at cash-for-work locations and provide safe transport to and from work sites, consulting with women and girls.

» Train staff on the organization’s procedure if they are presented with information about possible cases of GBV, as well as how to orient people to GBV referral services.

» Reduce protection risks by making sure the quickest and most accessible routes are used by women and girls, such as to markets.

» Reduce protection risks relating to CBIs identified for LGBTI individuals.
GBV prevention and mitigation (continued)

BE AWARE!

» Avoid CBI approaches that could potentially put women at risk due to social practices around money handling or working roles.

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Mechanisms such as confidential hotlines run outside the community are more effective.

» If women are selected for programmes, both men and women should be supported by other activities (e.g., livelihoods, gender discussion groups) to avoid deepening household tensions.

» Don't share data that may be linked back to a group or an individual, including GBV survivors.

» Don't collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

» Ensure that CBIs are not increasing stigma for LGBTI individuals.

Gender-adapted assistance

GOOD PRACTICE

» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all CBI programming to ensure gender-related considerations are included throughout.

» Tailor CBI delivery mechanisms (such as mobile phones) to reflect social, economic, communication and physical barriers that hinder women, girls, men and boys from registering to claim and either spend cash or redeem vouchers. (Note that different mechanisms might be required for women, men and LGBTI individuals in the same community.)

» Verify that women and men have equal access to mobile phones, bank accounts and identification cards, as necessary.

» Ensure that women and men have the ability to reach registration sites, cash-out distribution sites and the markets. Alternatively, make sure that there are provisions for nominees to collect cash on behalf of those unable to travel.

» Recognize the needs of women, girls, men and boys with disabilities and impairments (e.g., speech, hearing and visual) in targeting beneficiaries and put in place appropriate alternative mechanisms for registering/receiving cash.

» Recognize that LGBTI individuals facing public discrimination may prefer more discreet delivery mechanisms, such as mobile phone transfers.

» Consider the frequency and size of transfers. For example, for safety reasons women may prefer smaller, more frequent cash-out options over one lump-sum cash-out (or vice versa). Women may also prefer a payment schedule that allows them to generate savings or plan how to restart commercial activities or seasonal spending on children's schooling.
**Gender-adapted assistance**
(continued)

» Diversify cash-for-work opportunities to ensure suitable and safe opportunities for women and ensure equal pay for women and men.

» Provide childcare so women can benefit from cash-for-work programmes on an equal basis with men.

» Provide dignity kits when women travel for work.

**BE AWARE!**

» Do not assume that all will benefit from CBI programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures to facilitate access by vulnerable groups should be implemented, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuses, such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.

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**Transformative approach**

**GOOD PRACTICE**

» Challenge structural inequalities. Engage men, especially religious and community leaders, in outreach activities regarding gender-related CBI issues.

» Promote women’s leadership in all CBI committees and agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation in the CBI programme.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership within a CBI programme.

» Engage women, girls, men and boys in non-traditional gender roles, for example in cash-for-work initiatives.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to take on leadership roles within the CBI programme.

**BE AWARE!**

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.
Monitoring

Monitoring for the CBI sector should measure the access to and quality of CBI assistance for women, girls, men and boys of different ages, as well as the changes relating to women's strategic needs. The monitoring should also look at how the CBI programme has contributed to meaningful and relevant participation and a transformative approach including promotion of women's leadership. As SADD is a core component of any gender analysis (see section 1 above), it is also essential for monitoring and measuring outcomes. Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. Monitoring is a regular, systematic activity that is ongoing throughout the response. The response should be flexible to adapt elements of the intervention activities or the strategy based on the findings from regular evaluation of the monitoring data.

Monitoring of CBI programmes can look at questions such as: Have women reported elevated social status due to their ability to take part in informal savings groups? Have they participated in decision-making alongside men regarding how the cash received would be spent? Are there different rates of benefit and are they equitable? Have LGBTI individuals been able to access the cash programmes? Have elderly women and men been able to access the CBI programme?

It is crucial to understand how we can strengthen the message that local women leaders should be enabled to influence programme roll-out and monitoring. Monitor rates of service access (e.g., attending financial promotion sessions) according to the sex and age of participants or of households (e.g., delivered cash transfer) as well as check progress on indicators based on issues (e.g., proportion of proposals from women’s committees accepted by camp management).

Do no harm (see section B, page 86 for more information on this concept): conduct ongoing consultation with women, girls, men and boys from diverse groups, for example persons with disabilities, and undertake observation/spot checks to identify early potential problems or negative effects (e.g., monitor that cash transfers to women are not putting women and girls at increased risk of domestic violence).

Good practice

In an analysis of cash interventions in emergency settings in Indonesia, Kenya and Zimbabwe, while women were seen as legitimate beneficiaries in all three contexts, the transformative scope of the cash transfer programmes was limited. Rather than challenging traditional stereotyped gender roles and relations, the programmes tended to reinforce them. The cash transfers seemed to serve to assist women perform their typical roles without providing support for deeper change.

ADAPTED FROM OXFAM AND CONCERN WORLDWIDE. 2011. WALKING THE TALK: CASH TRANSFERS AND GENDER DYNAMICS
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes and projects so that they effectively, efficiently and equitably meet the specific needs and priorities of crisis-affected women, girls, men and boys and build/strengthen their capacities (see section B, page 58 for more information). Evaluation is a process that will help to improve current and future CBI programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women's leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services of women, girls, men and boys from the onset of programme planning to implementation. It is necessary also to assess gaps in programming, focusing on which women, girls, boys or men were not effectively reached. The use of gender markers (see section B, pages 48–51) helps to identify gaps collectively to improve programming and response.

### KEY STANDARDS

1. UNHCR. *Operational Guidance and Toolkit for Multipurpose Cash Grants*. 2015. [https://tinyurl.com/y87o5wzl](https://tinyurl.com/y87o5wzl)


### KEY RESOURCES


This chapter explains how to integrate gender equality into camp coordination and camp management (CCCM) programming and provides further information on key standards and resources for incorporating gender equality into CCCM programming.

The chapter begins with an overall checklist of key actions required at each stage of the Humanitarian Programme Cycle (HPC) for a CCCM programme, followed by more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on: how to carry out a gender analysis; how to use the gender analysis in the design phase through to implementation, monitoring and review; and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach in each phase. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in camp coordination and camp management programming?

The way in which camps are managed and coordinated during humanitarian crises affects women, girls, men and boys differently.

CCCM programmes and policies need to consider gender in the following aspects:

- **Camp coordination.** Gender equality should be considered across efforts to create access and delivery of humanitarian services and protection to displaced populations. Gender equality should be integrated into: camp coordination functions which ensure that international standards are applied and maintained within and among camps; the identification and designation of camp management agencies and partners; and service provision M&E.

- **Camp management** encompasses activities in a single camp that focus on coordination of services (delivered by NGOs and others). Gender equality should be integrated across the coordination of assistance and services including GBV prevention, maintenance of camp infrastructure and information management (including population data management) to identify gaps and needs in camp operations.

CCCM programmes and policies need to consider gender in the following aspects:

- **Promote dignity for all.** Consulting women, girls, men and boys will ensure that all groups will have a voice in determining their living spaces and the services provided to them, leading to reduction of stigma, acceptance and respect of all people in the camp and therefore increasing social cohesion. Camps should ensure equitable access to services and provision to improve quality of life and ensure the dignity of displaced persons.

- **Build safer communities.** Well-designed camps and camp-like settings help to prevent and mitigate gendered protection risks and provide services to survivors. Well-designed layouts, lighting, provision of secured public spaces and alert systems help to prevent GBV and also build relations with the host community.

- **Promote self-reliance and agency.** By providing women, girls, men and boys equal opportunities to access appropriate services, their respective needs can be addressed in emergencies, building their resilience and agency for recovery.

- **Enhance ownership and challenge barriers.** Promoting participation of both women and men as leaders in CCCM service provision will strengthen ownership and challenge gender inequality.

**Integrating gender equality and camp coordination and camp management in the Humanitarian Programme Cycle**

This section outlines the necessary actions front-line humanitarian actors from United Nations agencies, local and international NGOs and government agencies should take to promote gender equality in CCCM each stage of the HPC.
### KEY GENDER EQUALITY ACTIONS FOR CAMP COORDINATION AND CAMP MANAGEMENT AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

<table>
<thead>
<tr>
<th>Stage</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td><strong>1 Needs assessment and analysis</strong></td>
<td>• Collect and analyse sex-and disability-disaggregated data on needs, priorities and capabilities relating to CCCM.</td>
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<td></td>
<td>• Conduct a gender analysis as part of CCCM needs assessments and analyse the findings.</td>
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<tr>
<td><strong>2 Strategic planning</strong></td>
<td>• Integrate gender equality into CCCM programmes for the response, utilizing the findings from the gender analysis and other preparedness data.</td>
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<td></td>
<td>• Ensure a demonstrable and logical link between the gender-specific needs identified for the CCCM sector, project activities and tracked outcomes.</td>
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<td></td>
<td>• Apply gender markers to CCCM programmes for the response.</td>
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<tr>
<td><strong>3 Resource mobilization</strong></td>
<td>• Include information and key messages on gender and CCCM for inclusion in the initial assessment reports to influence funding priorities.</td>
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<td></td>
<td>• Report regularly on resource gaps on gender as they relate to CCCM to donors and other humanitarian stakeholders.</td>
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<tr>
<td></td>
<td>• Apply gender markers to CCCM programmes in the response.</td>
</tr>
<tr>
<td><strong>4 Implementation and monitoring</strong></td>
<td>• Implement CCCM programmes which integrate gender equality and inform women, girls, men and boys and of the available resources and how to influence the project.</td>
</tr>
<tr>
<td></td>
<td>• Develop and maintain feedback mechanisms for women, girls, men and boys as part of CCCM projects.</td>
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<tr>
<td></td>
<td>• Apply gender markers to CCCM programmes in the response.</td>
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<tr>
<td></td>
<td>• Monitor access to CCCM assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or boys and men based on the assessed gaps and dynamics.</td>
</tr>
<tr>
<td><strong>5 Gender operational peer review and evaluation</strong></td>
<td>• Review projects within CCCM sector and response plans. Assess which women and girls, boys and men, were effectively reached and which were not and why</td>
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<tr>
<td></td>
<td>• Share good practices around usage of gender markers and address gaps.</td>
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</table>
1 Needs assessment and analysis

**Gender analysis** takes place at the assessment phase and should continue through to the M&E phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. Gender markers should be used in this phase to guide the needs assessment and analysis (see section B, pages 48–51 for more information on gender markers).

When collecting information for the CCCM sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard CCCM assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities as well as other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the CCCM sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. These include persons with special needs to inform camp layout and infrastructure design. Assessments should align with good practice and key standards on coordination, women’s participation, and GBV prevention and mitigation and be done with a transformative approach as per the table on pages 120–121 on "Key approaches and standards for needs assessment and analysis in camp coordination and camp management".

**Sex- and age-disaggregated data** (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors, or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the CCCM sector, it is important to collect data to determine camp demographics and assess infrastructural and service needs. Within a camp setting, having disaggregated data on the number of males and female in the different age groups helps to clarify the distinct needs and resources of different groups. The number of male and female heads of households can also be used to better tailor protection measures and services. Note that an estimated 15 per cent of any population are persons with disabilities (WHO, 2011), who may have specific needs regarding accessibility. (See section B, pages 39–41 for more information on SADD.)

Within camp settings, the following disaggregated data can be collected:

- **Registration data on families and individuals**, to establish overall disaggregation of the population to plan infrastructure, services and assistance response within the camp (e.g., number and type of different WASH facilities, recreational spaces, schools, types of health services provided in clinics, nutritional needs, etc.). It is critical to understand the way gender intersects with other factors such as age, language, ethnicity or disability and analyse what implications this will have for CCCM.
• Information about services and infrastructure used in camps, to establish who is accessing what and how, and what the gender-based barriers to access could be, if any.

• Information about protection risks and concerns including reports of violence in camps, to establish who is experiencing what kinds of violence, and who is at risk (women, girls, men or boys, certain LGBTI individuals, some persons with disability), in order to develop appropriate responses and referrals.

• Information about camp governance and leadership and membership of camp committees, to help establish who is participating in decision-making in the camp and how.

The table on pages 122–123 summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or individual agency (with the emergency response coordinator accountable).

KEY ASSESSMENT TOOLS:
• Camp management safety audit tool: Focus reducing risks for women and girls in the camp/site environment. https://tinyurl.com/yboqjv6u

Good practice: Collecting SADD for service provision assessments

Between February and March 2010, the International Organization for Migration (IOM) carried out a WASH assessment in the largest camps in Haiti for people displaced following the earthquake. Their data showed that 33 per cent of all latrines built were not being used at all, and that 57 per cent were used only occasionally. The reasons were almost entirely gendered cultural constraints, with respondents noting the latrines did not grant sufficient privacy for females, were too far away from living areas, were not lit and lacked locks. Failure to collect or analyse SADD and carry out a gender analysis limited the effectiveness and cost-efficiency of the relief effort, and put women and girls at risk due to the poorly planned facilities.

# Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
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<tbody>
<tr>
<td>Preparedness</td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager) <a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a> Infographic</td>
</tr>
<tr>
<td>First week of a rapid-onset emergency</td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the CCCM sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming <a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a> Map and contact details of organizations working on gender in the country Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
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<tr>
<td>3 to 4 weeks after the rapid analysis</td>
<td>Carry out a sectoral gender analysis adapting existing needs analysis tools and using the types of questions suggested later in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated <strong>comprehensive gender analysis</strong> building on pre-existing gender partnerships. Ensure that there is a baseline that captures SADD, access to humanitarian assistance, assets and resources, and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baseline and post-intervention monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles such as those produced by UNHCR, IOM, Norwegian Refugee Council (NRC), Danish Refugee Council (DRC), ACTED, Lutheran World Federation (LWF) and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

THE GENDER ANALYSIS FOR CCCM SHOULD ASSESS:

• **Population demographics.** What was the demographic profile of the population disaggregated by sex and age before the crisis? And what has changed since the crisis or camp coordination and management began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

• **Gender roles.** What were the roles of women, girls, men and boys before the crisis? How have the roles of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, girls, men and boys within the camp setting and how do they interact? How much time do these roles require?

• **Decision-making structures.** What structures was the community using to make decisions before the crisis and what are these now? Who participates in decision-making spaces in the camp? Do women and men have an equal voice? How do adolescent girls and boys participate? How do elderly men and women participate? Do LGBTI individuals have barriers to participation?

• **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the camp coordination and management started for particular diversity groups? How do legal frameworks affect gender and protection needs and access to justice?

• **Gendered needs, capacities and aspirations.** What are the CCCM-related needs, capacities and aspirations of women, girls, men and boys in the affected population?

In the case of planned settlements, integrating gender analysis into site selection processes allows for the specific needs and priorities of potential residents to be taken into account; for example, whether a site is located near existing or potential livelihood opportunities for both men and women, or near a school or house of worship, and whether the site can ensure proximal access to land, water and firewood. Similarly, women, girls, men and boys may perceive the risks of certain locations differently; a site close to military installations may provide a sense of security to some residents and a well-founded fear of abuse to others.

In the case of spontaneous settlements, gender analysis can help inform the ways in which camps must be further developed and upgraded, whether relocations or evacuations are necessary and how to plan and implement them.

For both planned and spontaneous sites, a gender analysis should review the distinct needs, roles and capabilities of women, girls, men and boys relating to: registration procedures; specific information relating to camp infrastructure including the placement, design and access to site-related services such as shelter, food distribution and water and sanitation facilities; and access and safety relating to distribution of NFIs for women, girls, men and boys. It should assess the social and organizational structures as well as the cultural practices of the camp community, including local justice and community governance, and how these impact women, girls, men and boys differently.
POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO CCCM INCLUDE:

• What are the resource management and gender power dynamics at the household level?

• Are there gender-related barriers to recovery of economic livelihoods and/or participation in economic activity?

• Are women and men equally involved in maintaining the camp’s physical infrastructure? What kind of recreational spaces do women, girls, men and boys want, and would they like them to be mixed gender?

• Are women and men of different ages involved in identifying services required in the camp? Which services and assistance do they prioritize? Do they have any particular needs that are considered taboo which they have difficulty expressing but would like to be able to access within the camp, e.g., specific reproductive care needs for young women in conservative communities?

• Do distribution systems take their concerns into consideration for services such as shelter, food and NFIs like firewood?

• Is there access to safe and secure living space? Are women, girls, men and boys safe from different forms of violence in or around their allocated shelters? Do children have access to safe spaces? Do women feel safe in the shelters? Are overcrowding and lack of privacy (such as multi-family tents and dwellings) exposing residents to risk to sexual harassment and assault? How do women, girls, men and boys prefer to share their living space: as nuclear families, extended families, in polygamous settings?

• Is a lack of availability of local land and natural resources leading to increased risk of GBV? Are there specific areas within the camp where they prefer to live and areas they prefer not to live? Why?

• Do women, girls, men and boys have equal access to and the use of health care, nutritional and non-food items and other services in the camp? What are the barriers?

Good practice: Data collection

Use qualitative data from questionnaires for a general picture (i.e., who takes care of household cooking, laundry and security) and quantitative data to isolate specific gender issues (e.g., how many single teenage mothers have been registered). New technologies can be used to collect data (see section B, page 38 for more information on this).
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN CCCM PROGRAMMING

**Coordination**

GOOD PRACTICE

» Work with women’s rights, LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to ensure gender equality in CCCM programming.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

**Participation**

GOOD PRACTICE

» Ensure an equal balance of men and women on the CCCM assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to CCCM.

» Undertake a participatory assessment with camp residents including women, girls, men and boys. Set up separate focus group discussions and match the sex of CCCM staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the beneficiaries consulted, to better identify their needs, capacities and priorities relating to CCCM.

» Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, from the assessment phase and throughout the programme cycle.

BE AWARE!

» Advertise meetings in the camp through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments that can hinder participation of women and girls, such as childcare, risk of backlash, ease of movement, etc.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms, such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for alternative ways to get their opinions and feedback (considering the safety of the participants).

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
GBV prevention and mitigation

GOOD PRACTICE

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action

» Train staff on how to refer people to GBV services

BE AWARE!

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Although it is important not to say to a participant that they should not continue talking about a particular issue if they want to, be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

Gender-adapted assistance

GOOD PRACTICE

» Identify groups with the greatest CCCM support needs, disaggregated by sex and age and other demographics and groups relevant to the context (such as disabled).

» Assess the barriers to equitable access to relevant programmes/services, disaggregated by sex and age and other demographics and groups relevant to the context.

BE AWARE!

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

Transformative approach

GOOD PRACTICE

» Identify opportunities to challenge structural inequalities between women and men, including promoting women’s leadership.

» Invest in targeted action to promote women’s leadership, reduction of GBV and promoting LGBTI rights.

BE AWARE!

» Ensure that any negative effects of actions within the CCCM programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can now be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the CCCM sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these, together with the gender analysis, have been considered adequately in that phase, the planning should be adequately informed.

Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:
Good practice: CCCM sector coordination and GBV

Leyte Province in the Philippines, known to be a hub for trafficking activities, was badly damaged by Typhoon Haiyan in 2013. Following the typhoon, there were concerns that trafficking would increase due to a lack of resources and a breakdown in basic services. With support from the GBV Working Group, CCCM cluster members put up hundreds of small laminated posters in public places to help raise awareness among community members about the illegality of trafficking. The posters incorporated prevention messages and information about where those at risk could access support, as well as whom community members should call if they identified a trafficking case.

ADAPTED FROM IASC GBV GUIDELINES CCCM P53

In the Philippines, after Typhoon Haiyan, the risk of exposure of the women and children in evacuation centres to perpetrators of GBV was increased. Gathering specific data on these vulnerabilities allowed for greater awareness to inform targeted assistance. A referral pathway for GBV survivors was discussed and agreed with the Government and the protection cluster, co-chaired by the Department of Social Welfare and Development. Information on the referral pathway was then circulated through posters and banners inside the evacuation centres and bunkhouses, as well as through group discussions with the community leaders and the internally displaced persons (IDPs).

ADAPTED FROM: GLOBAL CCCM CLUSTER. 2014. CAMP MANAGEMENT TOOLKIT P 147
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are women able to access distributions of humanitarian assistance in the camp?</td>
<td>Uneven levels of access to aid by women, and insufficient aid delivered to households with multiple spouses.</td>
<td>Improve equitable access to aid distribution by women and to multiple spouse households within camps. Aid distribution within camps to women improve the living conditions of their households.</td>
<td>Percentage of income spent on food, healthcare, education improve.</td>
</tr>
<tr>
<td>Is there access to safe and secure living spaces?</td>
<td>Women identify high risk of GBV in the camp and highlight need for protection.</td>
<td>Women, girls, men and boys, feel safe and secure in the living spaces tailored to their needs.</td>
<td>Percentage of women, girls, men and boys who report feeling safe and secure in the living spaces.</td>
</tr>
</tbody>
</table>
### EXPECTED RESULTS

*The outputs of the intervention that will achieve the specific objective*

Aid distributions are targeted to women and to multiple households to ensure improved living conditions.

Men are more aware of the selection process.

### EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)

*Indicators to measure the extent the intervention achieves the expected result*

Number and percentage of women directly receiving aid distributions.

Men report (through focus group discussions) that they are aware and accept the cash/voucher process.

### GENDER-ADAPTED PROGRAMMING ACTIVITIES

Provide assistance in terms of cash/vouchers to women at household level.

Inform the community about the rationale behind assistance.

Specific safety and protection factors related to living spaces of women, girls, men, boys and youth are identified.

Protection mechanisms in place to ensure safe and secure living conditions.

Safe residential/sleeping areas are set for female-headed families and LGBTI individuals.

Number of responsive protection, referral and security services which meet established gendered needs.

Number and percentage of safe residential/sleeping areas assigned to female-headed families.

Establish protection mechanisms (security services) in the common environments in the camps such as lighting installed around bathing facilities and toilets.

Provide safe residential/sleeping areas for female-headed families where necessary.

Select site locations in camps that do not exacerbate GBV.

Work with different community groups such as women's and LGBTI organizations and youth groups to ensure all camp residents have equal access to safe and secure living spaces.
Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the CCCM cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

- Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors would typically be looking for can be found in the IASC Gender Marker Tip Sheets. For CCCM, examples of commitments include:

- Women, girls, men and boys can access camp services equally;

- Women and men of different age groups participate equally and meaningfully in camp governance structures;

- Ensure coordination and gender mainstreaming in all areas of work, including establishing confidential complaint mechanisms to receive and investigate allegations of sexual exploitation and abuse, designing paid labour projects and ensuring that women and men residents are involved and receive equal pay for the same work;

- Take specific actions to prevent GBV such as establishing a comprehensive understanding of specific risk factors faced by women, girls, men and boys and incorporating this analysis in security provisions.
Once the resources have been mobilized, the next stage of the HPC is the implementation and monitoring of the programme.

**Implementation**

In order to ensure that CCCM programmes integrate gender equality throughout, the following key actions need to be taken into consideration.

- Tailor programme activities to the specific CCCM-related needs, capacities and priorities of all women and girls, men and boys.
- Inform women, girls, men and boys of the available resources and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of CCCM programmes. Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the CCCM programme.

To ensure that the programme adheres to good practices, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table that follows).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach
Good practice

In rural Sittwe, Myanmar, the Government is in charge of the administration of activities in camps for IDPs. All camp management committee (CMC) members are men, limiting women from participating in the decision-making processes in the camps. Most women are illiterate as they face restrictions in attending school because of social taboos which is in part a reflection of the prevailing gender discrimination. Lutheran World Federation (LWF) Myanmar sought to find ways to include women in the CMCs, so they were allowed to speak and influence decisions. LWF held meetings with the government-appointed CMC members in each camp on women’s participation in leadership structures, after which the CMC members decided to accept and select an equal number of women to sit alongside the male members. As a result, in addition to the 138 male CMC members, there are now 138 women who are “invitee members”, selected by the residents of each of the 11 camps. Women are gradually gaining confidence and actively contributing to decision-making processes. Simultaneously, the community is increasingly accepting women’s leadership. Participation of women in leadership structures has influenced decision-making that impacts the welfare of community members, resulting in more girls attending education programmes and an increasing number of women taking part in community activities.

ADAPTED FROM CCCM NEWSLETTER JULY 2015 P 16
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN CCCM PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives, in particular informal networks of women, youth, people with disabilities and LGBTI individuals, support their participation in programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure gender-based CCCM considerations are included across all sectors. Share information products, tip sheets and guidelines with sector members for the effective delivery of gender- and age-sensitive protection and assistance.

» Check that international gender standards are applied and maintained within and among camps.

BE AWARE!

» Effectively address issues of poor performance by camp management and/or service delivery partners.

» Be aware that the experiences and needs of LGBTI individuals may be very different and coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process, accessible to women, girls, men and boys, to develop community-based and sustainable CCCM programmes.

» Strive for 50 per cent of CCCM staff to be women.

» Ensure that women, girls, men and boys participate meaningfully in CCCM programmes (including camp governance and monitoring structures) and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Discuss with the population how to ensure the significant participation (not just representation) of women and men and build their capacities to engage in the camp leadership and committees.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
Participation
(continued)

BE AWARE!

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decision-making, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GBV prevention and mitigation

GOOD PRACTICE

» Follow the guidance provided on CCCM in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Prevention and response to GBV is a key cross-cutting priority in CCCM programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Assess the physical and social conditions in the camp and whether they minimize and mitigate or exacerbate the risk of GBV.

» Through site observation, site safety-mapping and consultations, regularly check on site security and the well-being of women and other at-risk groups to ensure they are safe from assault, exploitation and harassment. Ensure that camp/site management staff make regular visits to know danger zones (distribution points, WASH facilities) and areas which have at-risk groups such as women-headed households.

» Do no harm: identify early potential problems or negative effects of the response by consulting with women, girls, men and boys and LGBTI individuals engaged in the assistance or services, for example using complaint mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section B, page 86 for more information on this concept)

» Train staff on the organization’s procedure if they are presented with information about possible cases of GBV, as well as how to orient people towards GBV referral services.

» Camp management agencies should have dedicated meetings with GBV actors or attend GBV coordination meetings.

» Have dedicated meetings to discuss results/improvements from safety audits and involve camp management staff in the preparation and development of the safety audits.
**GBV prevention and mitigation (continued)**

**BE AWARE!**

» Don't share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Do not make assumptions about which groups are affected by GBV, and don't assume that reported data on GBV or trends in reports represent actual prevalence and trends about the extent of GBV.

» Don't collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance. Where camps or other settlements are established, these should be made as safe as possible for the inhabitants and should be located away from areas that are subject to attack or other hazards.

**Gender-adapted assistance**

**GOOD PRACTICE**

» Assess all CCCM programming to ensure gender-related considerations are included throughout.

» Use sector-specific information (WASH, food security, health, education, etc.) to advocate for set benchmarks in service provision that ensure equitable access to services by women, girls, men and boys at the outset of a camp response. For example, when coordinating food assistance to camps, advocate for giving a number of food vouchers directly to female heads of household in line with data collected by the camp management agency.

» Where feasible, ensure the camp layout, infrastructures, services and activities (e.g., location of child-friendly spaces, WASH facilities design, camp lighting system, security arrangements, food distribution organization, NFI kit items, etc.) meet the stated needs of women, girls, men and boys and that they are accessible to all.

» Ensure all potential CCCM staff (including camp management agencies and partners) have a commitment and capacity to integrate gender equality, through drafting terms of reference, providing training and monitoring performance of staff in line with principles of equality, empowerment and non-discrimination.

» Map the camp to ensure the camp management agency know where women, girls, men and boys with specific needs are located in order to better target resources and services.

» Advocate for the presence of specialized GBV expertise and programmes in the camp, including in identifying and managing GBV against men and boys as well as women and girls.

» Facilitate the obtaining and replacement of personal documents for women, girls, men and boys (e.g. official ID, tenancy contracts, deeds etc.) through confidential, non-stigmatizing spaces.

» Monitor service provision on an ongoing basis. If there are specific gaps or discriminatory practices, include targeted actions to address them.

» Provide assistance cards/vouchers at household level to women. Inform the community about assistance levels and card ownership.
Gender-adapted assistance (continued)

BE AWARE!

» Do not assume that all will benefit from CCCM programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures to facilitate the access of vulnerable groups should be included, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuse, such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid stigmatization and consider the safety of these groups.

Transformative approach

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related CCCM issues.

» Promote women’s leadership in all camp management and service provision management committees and agree on representation quotas for women with the community prior to any process for elections.

» Promote women’s economic empowerment to redress underemployment in paid roles through supporting the establishment of quotas for the number of women working in remunerated camp management activities, and advocate with service providers to take a similar approach.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Agree on representation quotas for women with the community prior to any process for elections to CCCM-related committees, etc.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership.

» Engage women, girls, men and boys in non-traditional gender roles.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to assume leadership roles.

» Help establish women’s, girls’ and youth groups within the camp community and enable them to undertake leadership roles.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, which they see as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitoring should be done as part of the camp management systems and processes themselves, in particular to measure women’s meaningful and relevant participation in the response. Monitoring of the infrastructure, activities and services within the camp setting is an integral part of camp management responsibilities. Monitoring should focus on identifying access to and quality of camp infrastructure and services as part of operations, planning and implementation. Camp management structures will need to coordinate with other clusters to resolve some of the issues identified through these monitoring activities and to avoid duplication of the monitoring activities themselves.

The changes relating to meeting women’s strategic needs should also be monitored including how the CCCM programme has contributed through a transformative approach including promotion of women’s leadership. SADD are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use gender markers at this stage to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see section B, pages 48–51 for more information on gender markers).

An example of monitoring a response within the CCCM sector is measuring the proportion of IDP sites: (i) where men and women have access to WASH infrastructure that guarantees their safety and dignity (i.e., latrines in separate blocks for men and women, with locks and illuminated at night); (ii) that have a GBV service and a referral system; and (iii) have amenities to facilitate household tasks (space and energy for cooking, laundry, etc.).

Another example is monitoring women’s access, participation and leadership in camp management structures by consulting separately with women, girls, men and boys to monitor how decisions are taken about and within these structures. What proportion of these structures have 50 per cent participation by women? What age are the women? Do they represent any other minority groups (ethnicities, castes)? Is their participation meaningful and relevant?

It is important to monitor that the CCCM programme is abiding by the “do no harm” principle (see section B, page 86 for more information on this concept): this includes conducting ongoing consultations with women, girls, men and boys and undertaking observation/spot checks to identify early potential problems or negative effects (e.g., street/path lighting in the camp does not cover all areas that women and girls need to use at night, putting them at increased risk of violence). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These mechanisms allow early identification of negative effects of the programme so that they can be responded to in a timely manner in order to prevent GBV or further abuse of women’s rights.

Good practice: Separate male and female WASH facilities in camps.

An ongoing study conducted by Oxfam found that the proximity of female and male latrines was having a detrimental effect on women’s safety. Women were often physically or sexually assaulted because of the stigma attached to being seen using the latrines alone at night. It is important to consider these factors during the design and construction phases of camp management. Separate areas for women which contain showers, latrines and laundry areas should also be constructed.

Good practice

In February 2010, Camp C in Port-Au-Prince, Haiti was assessed by engineers and declared to be at high risk of landslides and flooding. A plan was made to relocate 3,000 individuals to a new purpose-built peri-urban displacement site. Community consultations followed and the self-appointed (primarily male) camp leaders welcomed the move, whilst making some achievable demands regarding the development of the new site. However, further consultation involving only women from the community revealed that many did not plan on leaving the at-risk site at all, as their children were attending the local church school and were in the middle of term. Negotiations ensued with the host community school to ensure the children could make the transfer in the middle of the school year, thus enabling everyone in the community to feel satisfied with the move.

SOURCE: IOM 2010
Gender operational peer review and evaluation

The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys of different ages, to ensure that all camp residents have equal access to safe and secure living spaces as well as build on their capacities (see section B, page 58 for more information). Evaluation is a process that helps to improve current and future programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic needs have been addressed as well as practical needs for CCCM.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services by women, men and boys. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

KEY STANDARDS AND APPROACHES


KEY RESOURCES


This chapter explains how to integrate gender equality into early recovery programming, and provides information on why it is important to incorporate gender equality in early recovery as well as key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC) for an early recovery programme. After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each phase. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in early recovery programming?

Identifying opportunities for the early recovery of affected populations creates the foundation for sustainable development over the longer term. Early recovery programmes address such issues as livelihoods, food security, governance and basic services and infrastructure (including shelter, health, education, water and sanitation). The ability of women, girls, men and boys to recover quickly and completely from a humanitarian crisis varies greatly. Furthermore, early recovery presents an important opportunity to draw on the way that crises can radically affect social, cultural, and political structures and challenge discriminatory gender norms and unequal power relations. Early recovery strategies should aim to build back in a way that promotes gender equality and women's rights and greater resilience to crises.

Effectively integrating gender equality into early recovery programming will achieve the following goals:

- **Address structural inequalities and promote women's rights.** This can include action to support inclusive elections and quotas for women's participation within peacebuilding and governance institutions.

- **Strengthen governance.** Early recovery operations that provide capacity-development opportunities to women on leadership and conflict resolution empower them as individuals and help them effectively manage community conflicts. Collaboration with affected women, girls, men and boys is important as part of processes to strengthen the rule of law, further peace and reconciliation and foster social cohesion and community stability.

- **Build capacity and resilience.** This can include building and strengthening resilience of women, girls, men and boys by working together to set up youth or women's groups and through helping local and national-level government officials helps to restore normal pre-crisis functions in ways which support women's rights.

- **Promote inclusion.** Engaging different women, girls, men and boys of all ages, persons with disabilities, ethnic minorities and other groups in planning, implementation and monitoring of recovery actions will ensure ownership of the early recovery process.

Integrating gender equality and early recovery in the Humanitarian Programme Cycle

This section outlines the necessary actions front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies need to take to promote gender equality in early recovery at each stage of the HPC.
| **1** Needs assessment and analysis | • Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to early recovery.  
• Conduct a gender analysis as part of early recovery needs assessments and analyse the findings. |
| **2** Strategic planning | • Integrate gender equality into early recovery programme design for the response, utilizing the findings from the gender analysis and other preparedness data.  
• Ensure a demonstrable and logical link between the gender-specific needs identified for the early recovery sector, project activities and tracked outcomes.  
• Apply gender markers to early recovery programme designs for the response. |
| **3** Resource mobilization | • Apply gender markers to early recovery programmes in the response.  
• Include information and key messages on gender and the early recovery sector for inclusion in the initial assessment reports to influence funding priorities.  
• Report regularly on resource gaps on gender within the early recovery sector to donors and other humanitarian stakeholders. |
| **4** Implementation and monitoring | • Implement early recovery programmes which integrate gender equality and inform women, girls, men and boys of the available resources and how to influence the project.  
• Develop and maintain feedback mechanisms for women, girls, men and boys as part of early recovery projects.  
• Apply gender markers to early recovery programmes in the response.  
• Monitor the access to early recovery assistance by women, girls, men and boys and develop indicators designed to measure change for women, girls, men and boys based on the assessed gaps and dynamics. |
| **5** Gender operational peer review and evaluation | • Review projects within early recovery sector and response plans. Assess which women, girls, men and boys were effectively reached and which were not and why  
• Share good practices around usage of gender markers and address gaps. |
1 Needs assessment and analysis

Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. When collecting information for the early recovery sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard early recovery assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the early recovery sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. Ensure that these align with good practices and key standards on coordination, women’s participation and GBV prevention and mitigation as per the table on pages 152–153 on “Key approaches and standards for needs assessment and analysis in early recovery programming”.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors, or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the early recovery sector, it is important to gather data disaggregated by number of males and females aged 0–5 years, 6–11 years, 12–17 years, 18–25 years, 26–39 years, 40–59 years and 60+ years to truly understand the local context and existing recovery capacities. Ensure the availability of SADD for key indicators on labour force participation, unemployment, representation in decision-making mechanisms, benefits received (monetary equivalent), damages and losses due to crisis, etc. (see more on SADD in section B, pages 39–41). In addition to using SADD, depending on the context, it can be important to disaggregate the data based on other diversity factors, such as ability, ethnicity, language spoken, level of income or education.

The following table summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or individual agency (with the emergency response coordinator accountable).

### KEY ASSESSMENT TOOLS:
# Key Activities for Gender Analysis during a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies</td>
<td>Snapshot (6 pager) <a href="https://tinyurl.com/ycwk3rTz">https://tinyurl.com/ycwk3rTz</a> Infographic</td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the early recovery sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming <a href="https://tinyurl.com/yao5d8v5">https://tinyurl.com/yao5d8v5</a> Map and contact details of organizations working on gender in the country Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a sectoral gender analysis adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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</tr>
<tr>
<td><strong>2 to 3 months after the start of the emergency response</strong></td>
<td>Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td><strong>6 months after the response (assuming it is a large-scale response with a year-long timeline)</strong></td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td><strong>1 year or more after the humanitarian response</strong></td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles such as those produced by UNDP, DRC and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

**THE GENDER ANALYSIS FOR EARLY RECOVERY SHOULD ASSESS:**

- **Population demographics.** What was the demographic profile of the population disaggregated by sex and *age before the crisis*? And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures? Are there ethnic minorities?

- **Gender roles.** What were the roles of women, girls, men and boys before the crisis? How have the roles of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, men and boys and how do they interact? How much time do these roles require?

- **Decision-making structures.** What structures was the community using to make decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate? Do all LGBTI individuals have access to these structures?

- **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations.** What are the early recovery-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of people’s previous economic opportunities and barriers to formal employment or assets such as land as well as their capacity to engage in political processes, including peacebuilding.

**POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO EARLY RECOVERY INCLUDE:**

- How does the crisis affect women and men in different age groups regarding access to markets, paid work and vocational training? How has the crisis affected access to health care and food and fuel services? How has it impacted leadership opportunities for women and men in cultural, community and social networks and local governance?

- What concerns do women, girls, men and boys now have related to rebuilding their lives? What coping mechanisms are women, girls, men and boys using?

- What measures are used to ensure that equitable numbers of women and men are able to fully access early recovery activities?

- Do cultural norms enable women and men to participate equally in decision making in their homes and communities?

- Are certain barriers inhibiting women’s, girl’s, boy’s and men’s access to livelihoods and income recovery, social services, reintegration, shelter, land and property? Do customs and laws on labour, land, property and inheritance grant women and men equal rights? What more can be done to ensure they can participate meaningfully in local governance and sustainable recovery efforts in their communities?

- What is the Government’s capacity and commitment to advance gender equality?

- What gender equality expertise and gender responsive programming exists in civil society? How can this be built on or enrich early recovery programming?
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN EARLY RECOVERY PROGRAMMING

**Coordination**

**GOOD PRACTICE**

» Work with women's rights and LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality early recovery programming.

**BE AWARE!**

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

**Participation**

**GOOD PRACTICE**

» Ensure an equal balance of women and men on the early recovery assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of these groups particular needs relating to early recovery.

» Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to early recovery.

» Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

**BE AWARE!**

» Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
### GBV prevention and mitigation

**GOOD PRACTICE**
- Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.
- Train staff on how to refer people to GBV services.

**BE AWARE!**
- Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
- Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team. Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

### Gender-adapted assistance

**GOOD PRACTICE**
- Identify groups with the greatest early recovery support needs, disaggregated by sex and age.
- Assess the barriers to equitable access to early recovery programmes/services, disaggregated by sex and age and other diversity factors.

**BE AWARE!**
- To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section on previous page for further advice on this).

### Transformative approach

**GOOD PRACTICE**
- Identify opportunities to challenge structural inequalities between women and men, and to promote women’s leadership in early recovery programmes.
- Invest in targeted action to promote women’s leadership, LGBTI rights and reduction of GBV.

**BE AWARE!**
- Ensure that any negative effects of actions within the early recovery programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the early recovery phase, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:

---

**Good practice**

According to a World Bank study in Sierra Leone, immediate post-conflict efforts to rehabilitate the agricultural sector were hindered by the use of a household approach, as the response was based on the needs expressed by household heads, who were most often men. Because women and men farm different types of crops and therefore need different tools and seeds, CARE subsequently offered seeds to all adults, instead of via heads of households. This approach allowed women to obtain seeds for groundnuts, a women’s crop in Sierra Leone, which enabled additional empowerment potential as it is typically exchanged in small-scale trading.

SOURCE: IASC GENDER HANDBOOK. WOMEN, GIRLS, BOYS & MEN, DIFFERENT NEEDS — EQUAL OPPORTUNITIES, A GENDER HANDBOOK FOR HUMANITARIAN ACTION 2006. GENDER AND LIVELIHOODS IN EMERGENCIES SECTION, P2 HTTPS://TINYURL.COM/YBOLHBD6
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How does the crisis affect women and men in different age groups regarding access to markets, paid work and vocational training?</strong></td>
<td>Women have limited access to employment activities and carry greater responsibility for child care. Older girls are prone to early marriage rather than enrol in interventions that would promote income generation.</td>
<td>Women and older girls are empowered with employability skills to enter the labour market. Increase in number of women who join the labour market due to emergency employment activities or provision of childcare. Reduction of early marriage among girls.</td>
<td>Percentage of women and older girls with improved knowledge and skills. Number and percentage of women and older girls who reported feeling empowered to enter the labour market. Decreased rate of early marriage is reported.</td>
</tr>
<tr>
<td><strong>Are women aware of their rights to ownership of property, to work, own and spend their income?</strong></td>
<td>Some male figures usually tend to convince women that they have no right over ownership or right to work or generate/spend income.</td>
<td>Women's participation in income-generating activities and access to economic assets.</td>
<td>Percentage of women engaged in income-generating activities who reported they have access to economic assets.</td>
</tr>
<tr>
<td><strong>What measures are proposed to ensure equitable numbers of women and men are able to fully access early recovery activities?</strong></td>
<td>Women excluded from peacebuilding processes and local governance structures.</td>
<td>Women's meaningful participation and leadership in peacebuilding processes and local governance structure.</td>
<td>At least 5 per cent increase in women’s participation and leadership in peacebuilding. Percentage of women leaders represented in local governance structures.</td>
</tr>
<tr>
<td><strong>What measures need to be included to ensure LGBTI individuals fully access early recovery activities?</strong></td>
<td>Some LGBTI individuals are stigmatized in the community impeding their capacity to recover. LGBTI individuals have meaningful and relevant participation and access to early recovery services.</td>
<td>Percentage of LGBTI individuals reporting meaningful participation and satisfaction with early recovery services.</td>
<td></td>
</tr>
</tbody>
</table>
**EXPECTED RESULTS**

*The outputs of the intervention that will achieve the specific objective*

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Expected Results Indicators (Output Indicators)</th>
<th>Gender-Adapted Programming Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and older girls access emergency employment activities.</td>
<td>Number and percentage of women and girls who access emergency employment activities</td>
<td>Provide access to emergency employment activities to women and men of appropriate age groups on an agreed quota of 50 per cent female participation.</td>
</tr>
<tr>
<td>Childcare system is put in place for women in targeted communities.</td>
<td>Proportion of emergency employment programmes which offer child care</td>
<td>Offer childcare services alongside employment activities.</td>
</tr>
<tr>
<td>Awareness-raising activities on the disadvantages and health risks of early marriage are held with men and women in the targeted communities.</td>
<td>Percentage of women who report being able to access emergency employment activities as a result of childcare provision</td>
<td>Raise awareness of the disadvantages and damages of early marriage.</td>
</tr>
<tr>
<td>Increase in women’s awareness about their right to own property, to earn a living and to their mobility.</td>
<td>Women report (in focus group discussions) feeling confident leaving their children in childcare</td>
<td>Conduct awareness-raising campaigns on women’s rights to work, ownership, mobility and to spend their income.</td>
</tr>
<tr>
<td>Increase in women’s meaningful participation and leadership in peacebuilding.</td>
<td>Percentage and number of women participating in awareness-raising campaigns</td>
<td>Provide capacity-building support to women leaders and their organizations to strengthen their leadership, enhance agency for their meaningful participation and leadership in peacebuilding.</td>
</tr>
<tr>
<td>Increase in women’s leadership in local governance structures.</td>
<td>Number of women leaders involved in peacebuilding who reported their decisions were taken into account</td>
<td>Campaigning with women’s organizations to increase the proportion of women in local governance structures in peacebuilding.</td>
</tr>
<tr>
<td>Increased access by LGBTI individuals to early recovery services.</td>
<td>Number of local governance structures with quotas on women’s participation in place</td>
<td>Work with the relevant local LGBTI groups to identify entry points to overcome this barrier to participation (stigmatization).</td>
</tr>
<tr>
<td>Reduction of stigma experienced by LGBTI individuals.</td>
<td>Percentage of LGBTI individuals reporting access to early recovery services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of awareness-raising sessions held to promote LGBTI rights and participation in emergency response</td>
<td></td>
</tr>
</tbody>
</table>
Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- **Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.**

- **To mobilize resources around priority actions, support the relevant clusters with information and key messages on the distinct needs of women, girls, men and boys and other excluded groups on plans developed to meet these needs.**

- **Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process.** There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors would typically be looking for can be consulted in the IASC Gender Marker Tip Sheets. Commitments in the early recovery tip sheet include:

- **Ensure that women, girls, men and boys participate equally in all steps of the project design, implementation and monitoring;**

- **Consult women and girls separately from men and boys;**

- **Design services to meet the needs of women, girls, men and boys equally, ensuring equal numbers of men and women are involved in and benefit equally from initiatives including social protection, cash for work and sustainable livelihoods;**

- **Based on the gender analysis, make sure that women, girls, men and boys are targeted with specific actions when appropriate, such as providing the establishment of a women’s microcredit initiative;**

- **Analyse the impact of the crisis on women, girls, men and boys, including the gendered division of labour and the needs and capacities of women and men.**

- **Ensure that non-formal and informal education programmes and vocational training, are accessible to and address the needs of women and men and adolescent boys and girls equally.**
4 Implementation and monitoring

Once the resources have been mobilized, the next stage of the HPC cycle is the implementation and monitoring of the programme.

Implementation

In order to ensure that early recovery programmes integrate gender equality throughout, the following key actions need to be taken into consideration.

- Tailor programme activities to the specific early recovery-related needs, capacities and priorities of all women and girls, men and boys.

- Inform women, girls, men and boys of the available resources and how to influence the programme.

- Develop and maintain feedback mechanisms for women, girls, men and boys as part of early recovery programmes. Note that the ability to safely access these mechanisms can be different for women, girls, men and boys from diverse backgrounds and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of early recovery programming.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in the more detail in the table below).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN EARLY RECOVERY PROGRAMMING

**Coordination**

**GOOD PRACTICE**

» Identify local women's rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI individuals — and support their participation in early recovery programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure gender-related early recovery considerations are included across all sectors.

» Coordinate with the gender working group in country, when present.

**BE AWARE!**

» Be aware that the experiences and needs of LGBTI people may be very different, so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

**Participation**

**GOOD PRACTICE**

» Implement a representative and participatory design and implementation process — accessible to women, girls, men and boys.

» Strive for 50 per cent of early recovery programme staff to be women.

» Ensure that women, girls, men and boys participate meaningfully in early recovery sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary can speak to female early recovery staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the early recovery programme cycle.
**Participation (continued)**

**BE AWARE!**

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decision-making, while guaranteeing confidentiality regarding their personal situation and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, stigma against some LGBTI individuals, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

**GBV prevention and mitigation**

**GOOD PRACTICE**

» Follow the guidance provided for the shelter, settlement and recovery sector in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section b, page 86 for more information on this concept)

» Employ and retain women and other at-risk groups as staff members.

» Train staff on the organization's procedure if they are presented with information about possible cases of GBV, as well as how to orient people towards GBV referral services.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN EARLY RECOVERY PROGRAMMING (CONTINUED)

GBV prevention and mitigation (continued)

BE AWARE!

» Don’t share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Do not make assumptions about which groups are affected by GBV, and don’t assume that reported data on GBV or trends in reports represent actual prevalence and trends in the extent of GBV.

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

GOOD PRACTICE

» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people.

» Assess all early recovery programming to ensure gender-related considerations are included throughout.

BE AWARE!

» Do not assume that all will benefit equally from early recovery programming. Use the distinct needs, roles and dynamics of women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures should be taken to facilitate the access of vulnerable groups to early recovery activities, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuse, such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.

Gender-adapted assistance
Transformative approach

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, as champions for women’s participation and leadership in outreach activities regarding gender-related early recovery issues.

» Promote women’s leadership in all early recovery committees (including village development and social cohesion committees) and agree on representation quotas for women with the community prior to any process for elections.

» Promote women’s leadership in local decision-making bodies and invest in developing women’s leadership skills.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation in the early recovery programme.

» Engage women, girls, men and boys in non-traditional gender roles in early recovery activities.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to take on leadership roles in the early recovery programme.

» Help establish women’s, girls’ and youth groups within the community and enable them to undertake leadership roles.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitoring for early recovery programmes should measure the access to and quality of early recovery assistance for women, girls, men and boys, as well as the changes relating to meeting women’s strategic needs. Monitoring data should also inform how the early recovery programme has enabled meaningful and relevant participation and a transformative approach, including promotion of women’s leadership.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Also, gender markers should be used to assess how well a programme incorporates gender equality into planning and implementation, as well as to provide guidance on how to improve the process (see section B, pages 48–51 for more information on gender markers).

Monitoring for the early recovery programme can look at, for example, the level of satisfaction of women, girls, men and boys of different ages with the assistance provided. What has changed since receiving the assistance? Are all beneficiaries equally satisfied with the specific early recovery assistance? Monitor rates of access to services such as individuals attending vocational training sessions. Monitor progress on indicators based on issues (e.g., proportion of proposals from women’s committees accepted in early recovery initiatives).

Monitor that the early recovery programme is abiding by the “do no harm” principle (see section B, page 86 for more information on this concept): conduct ongoing consultation with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects (e.g., women’s latrines located in a dark area that puts women and girls at increased risk of violence). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These measures allow early identification of negative effects of the programme so they can be responded to in a timely manner so as to prevent GBV or further abuse of women’s rights.

Good practice

The WRC manual for practitioners on building livelihoods highlights an example where an organization developed a powerful irrigation pump for agricultural improvement. This pump enabled producers to irrigate their land and lessen their dependence on rain-fed crops, which allowed for a second off-season crop, thereby significantly increasing their yield. After designing and testing the manual pump, the organization sold it to entrepreneurs. During their monitoring of the product, they realized the irrigation pump worked well but it was not an appropriate technology for women because foot treadles were set too high. The height of the treadles made it difficult for women to use because of their long dresses, a design flaw that caused the women to lose critical opportunities to increase their production and sales. As a result of the monitoring, the development agency adjusted the pedals so women could use them.

WOMEN’S REFUGEE COMMISSION, 2009, BUILDING LIVELIHOODS: A FIELD MANUAL FOR PRACTITIONERS IN HUMANITARIAN SETTINGS, PAGE 216.
Gender operational peer review and evaluation

The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build on their capacities (see section B, page 58 for more information on this). Evaluation is a process that helps improve current and future early recovery programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services by women, girls, men and boys, from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached by the early recovery programme. The use of the gender markers collectively helps to identify gaps to improve programming and response.

KEY STANDARDS AND APPROACHES

KEY RESOURCES
This chapter explains how to integrate gender equality into education in emergency response and recovery programming. You can find information on why it is important to incorporate gender equality in education programming in emergencies as well as key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for an education programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach in each phase. Relevant examples from the field are used to illustrate what this can look like in practice.
**Why is it important to incorporate gender equality in education programming?**

Humanitarian crises significantly limit access to education and opportunities and result in specific threats and vulnerabilities for girls and boys of different ages and from different backgrounds. These take the form of direct and indirect threats:

**Direct:**
- Institutional: targeted attacks, collateral damage;
- Community: displacement;
- Individual: school-related GBV, forced recruitment;

**Indirect:**
- Discriminatory social norms exacerbated in crisis;
- Increased opportunity costs for educating girls;
- Early marriage and early pregnancy;
- Vulnerability of girls with disabilities.

Education is one of the entry points for promoting gender equality. Changes in gender roles and responsibilities often observed during and post-crisis present an opportunity to set new precedents for gender equality, with education being a critical channel. Education can provide the necessary skills/competencies for girls to be able to contribute to economic growth, recovery and maintenance of peace and stability. Education can thus be a key entry point to promoting both gender equality and peace and stability as mutually reinforcing issues.

Quality education provides physical, psychosocial and cognitive protection that can sustain lives and contributes directly to the economic, social and political stability of countries. Effectively integrating gender equality measures into education programming will achieve the following goals:

- **Ensure equal access and gender-responsive learning environments.** Identifying the barriers to women, girls, men and boys accessing education in emergencies (through a participatory needs assessment that analyses the direct and indirect threats to accessing education) is key to ensuring that programming offers equal access to women, girls, men and boys. Barriers can include a lack of gender balance in teaching staff, resulting either in girls being unable to attend (when there are only male teaching staff) or a lack of role models and motivation for boys’ attendance (when there are only female teaching staff). Identifying strategies to overcome these barriers will result in more equal education programming in the emergency. Ensuring that girls and boys have access to educational activities immediately after an emergency provides them with a routine, stable and protective environment. Ensuring this access requires an understanding of their specific protection needs. Facilities should also be taken into account to achieve this goal, taking into consideration the specific needs of women, girls, men and boys as well as other minority groups such as LGBTI individuals or people with disabilities.

- **Ensure gender-responsive teaching and learning.** To achieve this goal, the curriculum needs to promote gender equality. Areas that can have a particular impact are human rights education, life-skills and reproductive health education, and vocational or skills training. Gender-sensitive teaching material should be developed, but if this is not possible in an emergency, training staff to challenge gender stereotypes in teaching materials can promote gender equality. Teacher training and content should incorporate gender as part of the instruction and learning processes. Changing education to meet the specific needs of women, girls, men and boys results in better quality education overall.
• **Ensure gender-responsive policies for teachers and other educational personnel.** Recruitment and selection policies need to work towards gender balance, as in some contexts there are more male or female teachers. Special measures may be required to redress the balance, taking into account the reason for the imbalance which should come out of the gender analysis.

• **Ensure gender-responsive education policy.** Advocacy can be undertaken during an emergency to advocate for gender issues with the education system. Emergencies can offer a “window of opportunity” to advocate for changes to improve gender mainstreaming in policies for education in emergencies or longer-term education policies.

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**Integrating gender equality and education in the Humanitarian Programme Cycle**

This section outlines the necessary actions which education sector front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies need to take to promote gender equality at each stage of the HPC.
KEY GENDER EQUALITY ACTIONS FOR EDUCATION PROGRAMMING
AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

1 Needs assessment and analysis
• Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities, roles and capabilities relating to education.
• Conduct a gender analysis as part of the education needs assessments and analyse the findings in relation to the specific threats/barriers faced by girls, boys, women and men in relation to safe, quality education as a result of the crisis.

2 Strategic planning
• Identify entry points to address specific barriers to safe and quality education for women, girls, men and boys identified utilizing the findings from the gender analysis and other preparedness data.
• Ensure a demonstrable and logical link between the gender-specific needs identified for the education sector, project activities and tracked outcomes.
• Apply gender markers to education programme designs for the response.

3 Resource mobilization
• Apply gender markers to education programmes in the response.
• Include information and key messages on gender and the education sector in humanitarian situations for inclusion in the initial assessment reports to influence funding priorities.
• Report regularly to donors on resource gaps on gender within the education sector.

4 Implementation and monitoring
• Implement education programmes which integrate measures to address the threats and barriers to promoting gender equality and inform women, girls, men and boys of the available resources and how to influence the project.
• Develop and maintain feedback mechanisms for women, girls, men and boys as part of education projects.
• Monitor the quality of education and education-related services and facilities.
• Apply gender markers to education programmes in the response.
• Monitor the access to education assistance, retention and completion by women, girls, men and boys and develop indicators designed to measure change for women, girls, men and boys based on the assessed gaps and dynamics.

5 Gender operational peer review and evaluation
• Review projects within the education sector and education response plans. Assess which women and girls, boys and men were effectively reached and which that were not and why.
• Share good practices around usage of gender markers and address gaps.
Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency.

When collecting information for the education sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard education assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, roles, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the education sector, and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them in relation to issues around access and availability, retention, completion, quality and safety in and around school brought on by crisis. Ensure that these align with good practice and key standards on coordination, women’s participation and GBV prevention and mitigation as per the table in this chapter on “Key approaches and standards for needs assessment and analysis in education programming” in this section.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the education sector, SADD identifies specific challenges, threats and such available resources as gender-focused organizations and populations of female and male teachers. Collecting SADD can also help to address gaps in data gathered through interviews and reveal correlations between school attendance and certain conditions, e.g., gathering data through attendance sheets or enrolment lists for girls and boys. (See more on data in section B, pages 39–41). Education-specific sources include sex-disaggregated data for primary and secondary levels, including completion rates and data disaggregated by sex and urban/rural residence. In addition to using SADD, depending on the context, it can be important to disaggregate the data based on other diversity factors such as ability, ethnicity, language spoken, level of income or education.

The following table gives a summary of the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or individual agency (with the emergency response coordinator accountable).

**KEY ASSESSMENT TOOLS:**
# Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
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</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager) <a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a> Infographic</td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the education sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming <a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a> Map and contact details of organizations working on gender in the country Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xtf5h4n">https://tinyurl.com/y9xtf5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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<tr>
<td><strong>2 to 3 months after the start of the emergency response</strong></td>
<td>Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td><strong>6 months after the response (assuming it is a large-scale response with a year-long timeline)</strong></td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td><strong>1 year or more after the humanitarian response</strong></td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender and education analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles such as those produced by UNICEF, Save the Children, Plan International, INEE or the ministry of education for each country. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling. Education-specific resources include information on gender considerations in the most recent education sector plan; identification of existing/absent relevant policies, strategies and codes of conduct, e.g., national girls’ education policy; school-related GBV policy; information on early marriage and related existing programming in terms of links to education; and data on the existence of gender-sensitive WASH facilities.

THE GENDER ANALYSIS FOR EDUCATION SHOULD ASSESS:

• **Population demographics.** What was the demographic profile of the population disaggregated by sex and age before the crisis? And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

• **Gender roles.** What were the roles of women, girls, men and boys relating to education? How have the roles of women, girls, men and boys relating to education changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

• **Decision-making structures.** What structures was the community using to make education decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

• **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

• **Gendered needs, coping strategies capacities and aspirations.** What are the education-related needs, coping strategies, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? When observing out-of-school children and youth, determine both their age and gender to understand the needs of specific demographics. There are also distinct questions to ask women, girls, men and boys in separate groups such as those regarding the harassment of girls by teachers or other students.

What are the different risks facing women, girls, men and boys? For example, are boys targeted for recruitment on their way to school or are girls forced to trade sex for grades? It is also important to note that the risks could be different than expected, for example, girls being targeted for recruitment on their way to school.

POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO EDUCATION:

**Access and learning environment**

• What are the numbers of out-of-school girls and boys?

• What are the literacy rates for women and men?

• What has changed from before the crisis to now for girls and boys of different ages and how does it influence their ability to enrol and stay in school? Which children and youth are not attending or have dropped out?

• What are the specific challenges affecting girls’ and boys’ retention and attainment rates at different levels? What cultural barriers exist (such as gender norms which prioritize boys’ education, child marriage, etc.)?

• What other work do girls and boys do at home? Does this interfere with access to education programmes?

• What are the school safety and access issues with respect to gender? Are potential sites for schools accessible and safe for girls and boys at all grades? Is there sufficient lighting in schools? Is the distance acceptable and safe? What safety precautions are in place or expected to be taken by girls travelling to school?
• Are toilets available for girls and boys? Are schools equipped with menstrual hygiene materials?

• Are there girls and boys suffering from stigma because of specific war experiences (e.g., rape survivors, ex-child soldiers)? Does the stigma prohibit access to education?

• Is the route to school safe for girls and boys?

• What safety precautions do parents expect for girls?

• Are learning environments secure, and do they promote the protection and mental and emotional well-being of learners?

• Are latrines accessible, located safely and adequate in number? Are there separate latrines for girls and boys? Are water and soap available?

• Are facilities for disabled girls and boys needed and, if so, are they available and effective?

**Teaching and learning**

• Are teaching materials and training available to help teachers address specific topics needed by girls and boys (e.g., sexual and reproductive health)? Do they provide critical information on issues such as self-protection, landmines, etc.?

• Are the learning materials inclusive of and relevant to girls? Do they perpetuate gender stereotypes?

**Teachers and other educational personnel**

• Is there a code of conduct for teachers to address sexual harassment and abuse? Have staff been trained on engaging with GBV survivors?

• Are male and female teachers available? At all grade levels? What are their levels of qualification and experience?

• Are there para-professionals? Are there other women in the community who could support girls in school and be involved in teaching and/or mentoring?

• Are there female teacher trainers and support staff?

• Do parent-teacher associations (PTAs) or similar groups exist? To what extent are women and men involved? Are there any cultural restrictions on women’s involvement?

• Has training been provided to the PTA? If so, has gender been addressed?

**Education policy**

• What are the gender considerations in the most recent education sector plan?

• What school-related GBV policies are in place?

• What are the challenges to parental involvement in education for women and men?

• What are the challenges to community involvement in education programming and opportunities and assessment for women, girls, men and boys?

**Good practice**

Protection issues in Gaza were identified for young boys and adolescent males, who suffer from physical violence at school. Focus group findings show that in boys’ schools, corporal punishment was the everyday norm rather than the exception. Boys’ negative attitudes towards school cannot be separated from the fact that it is the place where they are constantly vulnerable to physical violence from adult authority figures. Boys of all ages perceived school as an environment where their rights were consistently violated and they were treated as if they were a danger to the social order. Abuses at school can lead to alienation from adult authority and a loss of interest in completing education. According to focus group results, however, boys in Gaza try to maintain a positive self-image despite the negative stereotypes imposed upon them by teachers and school officials.

UNIFEM. TOWARDS GENDER EQUALITY IN HUMANITARIAN RESPONSE. ADDRESSING THE NEEDS OF WOMEN AND MEN IN GAZA. HTTPS://TINYURL.COM/Y7ZABQ3S
Coordination

GOOD PRACTICE

» Work with women’s rights groups, LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality education programming in the emergency.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women and girls were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

» Ensure an equal balance of men and women on the emergency education assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to education in emergencies.

» Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to education and what has changed as a result of the crisis.

» Adopt community-based approaches building on existing community structures to motivate the meaningful participation of women, girls, men and boys in the education response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the humanitarian programme cycle.

BE AWARE!

» Advertise education meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback on the education programme.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
GBV prevention and mitigation

GOOD PRACTICE

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Train staff on how to refer people to GBV services.

BE AWARE!

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g. gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

Gender-adapted assistance

GOOD PRACTICE

» Identify groups with the greatest needs for education support, disaggregated by sex and age.

» Assess the barriers to equitable access to safe and quality education programmes/services, disaggregated by sex and age.

BE AWARE!

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

Transformative approach

GOOD PRACTICE

» Identify opportunities to challenge structural inequalities and discriminatory norms that prevent women, girls, boys and men accessing safe and quality education and to promote shifts in roles and responsibilities often observed during and post-crisis to promote gender equality through education. Identify opportunities to promote women’s leadership in education during the crisis.

BE AWARE!

» Ensure that any negative effects of actions within the education programme that challenge gender norms are analysed in order to mitigate them and to ensure that the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the education sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes a gender analysis:
Good practice: strategic planning informed by gender analysis

An education programme with IDPs in Al-Anbar, Iraq in 2005–2006 found challenges in involving all community representatives in the community education committees, particularly women. Local traditions and habits limited women’s opportunities for participation in decision-making and open involvement in these kinds of processes. The local female project staff worked to address this issue, meeting mothers and young women students at their homes in order to gather their input. It became apparent that there were two main issues.

The first was concern over the safety of access routes for the girls to and from school. The community committees agreed on proactive measures to ensure the safety of the students, arranging for female children to walk to school together in groups or accompanied by an escort.

The other issue raised by the families of female students was unease about the single male teachers working in the schools. The community committees worked with the school administrations to increase the transparency of their hiring procedures, in order that families could be reassured that the teachers hired were acceptable and could be trusted to act responsibly with their children.

INEE. CASE STUDY ON THE UTILIZATION OF THE INEE MINIMUM STANDARDS: SCHOOL REHABILITATION IN IRAQ, HTTPS://TINYURL.COM/YBCBXMFX
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the school safety and access issues in the emergency situation with respect to gender?</td>
<td>Distance of school from home: risks of sexual assault and kidnapping for girls and boys; forced recruitment for boys.</td>
<td>Increased access of girls and boys to education at school due to improved safety on route to and at school.</td>
<td>75 per cent of school-age girls and boys attend school</td>
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<td></td>
<td>Politicization of education (especially for girls): increases risk of schools being targets of violence.</td>
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<tr>
<td></td>
<td>Changes in the physical condition of the route to school: resulting from natural disaster, prevent safe passage.</td>
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<td></td>
<td>Parents deny schooling opportunities for girls’ due to fear of harassment by boys and male teachers and prevalence of sexual exploitation and abuse by teachers, such as teachers demanding sex of girls and boys in exchange for good grades.</td>
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<tr>
<td></td>
<td>Negative gender norms/cultural practices exacerbated in the crisis that present a barrier to education such as early marriage/pregnancy, increased opportunity costs of sending girls to school, particular discrimination of girls with disabilities.</td>
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</tbody>
</table>
**EXPECTED RESULTS**
The outputs of the intervention that will achieve the specific objective

**EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)**
Indicators to measure the extent the intervention achieves the expected result

**GENDER-ADAPTED PROGRAMMING ACTIVITIES**

Schools are established in neutral areas in proximity to the community.

At-risk students benefit from escorts or group transportation.

A database is set up and regularly updated.

An incident reporting mechanism is in place and operational in schools.

Capacity of teachers, staff, community members developed around GBV, sexual harassment.

Participating schools’ codes of conduct and policies are revised in line with gender equality and mainstreaming and protection practices.

Advocacy initiatives are in place with key partners to promote equality and protection on a national level.

Community members report (in focus group discussions) their satisfaction with the school location

Number and location of pick-up/drop-off points

Number of reports produced with updated information from the database and shared with decision makers

100 per cent of girls and boys attending school are aware of the incident reporting mechanism

100 per cent of the reported cases are dealt with in a way that places the girl’s or boy’s protection first

10 per cent increase in cases reported over the period of one year

Number and percentage of teachers and staff trained gender equality

Number and percentage of teachers aware of the content of code of conduct within schools

Number and percentage of school policies revised in line with gender equality and mainstreaming

Ensure close proximity of school to community, in a neutral location and a safe, public, well-lit route for travel to and from. When necessary, arrange for escorts or group transport for at-risk students.

Regularly gather information on problems related to cross-border migration and possible trafficking and share with cross-border police and communities in border areas.

Create confidential reporting mechanisms for incidents of sexual exploitation and abuse within schools.

Teacher, staff, and community training on gender equality, GBV and sexual harassment and violence, including an intervention on community engagement to challenge discriminatory beliefs and practices against girls’ education.

Review, revise or advocate for related national, local and school policies and codes of conduct.
### GENDER ANALYSIS QUESTIONS

<table>
<thead>
<tr>
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<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are the challenges to community involvement in emergency education programming, opportunities and assessment for women, girls, men and boys?</strong></td>
<td>Input is not solicited from women, girls and diverse community members in the planning, implementation and assessment stages.</td>
<td>The needs of women, girls and diverse groups are incorporated in planning, implementation and assessments of education programmes.</td>
</tr>
<tr>
<td><strong>What are the specific challenges affecting girls' and boys' attainment rates at different levels?</strong></td>
<td>Girls' increased household responsibilities prevent them from prioritizing school attendance and work. Lack of fair gender representation among teaching staff. Girls, particularly those menstruating are unable to attend due to inadequate bathroom facilities. Gender bias/stereotyping in school materials, textbooks. Knowledge, attitudes and behaviour of teaching staff with regard to gender equality. Limited capacity of school personnel on gender-responsive teaching methods and environments.</td>
<td>Girls and boys perform better at school. The school environment is better tailored to gender mainstreaming and equality making it a safe place for boys and girls to learn.</td>
</tr>
</tbody>
</table>

**Gender-sensitisation programmes to address traditional gender roles and stress the importance of all household members sharing domestic work.**

- Hire equal numbers of female and male staff within the school
- Provide teacher training on gender equality.
- Include separate and private bathroom facilities for girls and boys, running water, and supplies for menstruating girls.
- Teaching staff adapt the school material and curriculum making the content more gender responsive.
**EXPECTED RESULTS**
The outputs of the intervention that will achieve the specific objective

**EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)**
Indicators to measure the extent the intervention achieves the expected result

**GENDER-ADAPTED PROGRAMMING ACTIVITIES**

Identification of needs, threats and opportunities for involvement done in a participatory manner with members from the targeted population.

Identification of needs, threats and opportunities for involvement done in a participatory manner with relevant community groups

Women, girls, men and boys better understand the importance of sharing roles within a household.

Gender gaps in hiring are eliminated.

Teachers have better understanding of gender equality.

School facilities are revisited to ensure boys’ and girls’ needs are met.

Materials introduced in the schools are more gender-responsive.

| Number of planning or implementation events held with target population in the community |
| Number and percentage of actual actions implemented from the recommendations by target population |
| Create multiple participatory activities to solicit feedback and foster community engagement regardless of literacy level, disability, language spoken and level of expertise. |
| Engage existing community groups including women's rights, LGBTI and youth-led organizations. |

| Number and percentage of women, girls, men and boys who report shifts in the traditional gender roles in the household |
| Ratio of female to male teachers |
| Number and percentage of teachers and staff trained on gender equality |
| Percentage of boys and girls reporting being satisfied with the gender-sensitive school facilities and learning materials |
| Gender-sensitisation programmes to address traditional gender roles and stress the importance of all household members sharing domestic work. |
| Hire equal numbers of female and male staff within the school |
| Provide teacher training on gender equality. |
| Include separate and private bathroom facilities for girls and boys, running water, and supplies for menstruating girls. |
| Teaching staff adapt the school material and curriculum making the content more gender responsive. |
3 Resource mobilization

Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

• Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

• To mobilize resources around priority actions, support the education cluster with information and key messages on the distinct needs of women, girls, men and boys.

• Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors would be looking for can be found in the IASC Gender Marker Tip Sheets. In the education tip sheet, examples of commitments include:

• Collect, analyse and report sex- and age-disaggregated data on enrolment, retention, drop-out and completion rates among learners;

• Design learning facilities that are safe and accessible for both boys and girls of all ages;

• Take specific actions to prevent GBV;

• Based on the gender analysis, develop targeted actions to respond to the specific hygiene needs of female learners;

• Work to ensure that boys and girls of all age groups can access education services by sensitizing local communities and by taking into account specific obstacles that might impede boys and girls attending school.
Once the resources have been mobilized, the next stage of the HPC is the implementation and monitoring of the programme.

**Implementation**

In order to ensure that education programmes integrate gender equality throughout, the following key actions need to be taken into consideration.

- Tailor programme activities to the specific education-related needs, capacities and priorities of all women and girls, men and boys.
- Inform women, girls, men and boys of the available resources and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of education programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should be taken into account to ensure access to all aspects of the education programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table that follows).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

**KEY MONITORING TOOL:**

Good practice

In response to the 2010 and 2011 floods, the Pakistan education cluster coordinator noted three key barriers to girls remaining in secondary school:

1. Lack of access. Many schools are single-sex and there are not enough post-primary schools to accept all potential female students.

2. Cultural issues restrict girls from transitioning to secondary school.

3. Girls being occupied by work and chores for due to various factors and pressures.

To address this lack of access due to constraints around household responsibilities, the cluster has been highlighting the issue in strategic documents and reports. It has also been conducting advocacy campaigns with the Government, donor agencies and their development agency partners to establish double-shift schools within the existing infrastructure. This means that primary-school students will continue meeting in the morning and secondary-school students can meet in the evenings.

INEE AND THE GLOBAL EDUCATION CLUSTER. 2012. THE EDUCATION CLUSTER THEMATIC CASE STUDY SERIES HTTPS://TINYURL.COM/Y7G39V5W, P 22
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN EDUCATION PROGRAMMING

Coordination

GOOD PRACTICE

» Aim for multipronged, multisectoral approaches that seek to combine work with communities to influence discriminatory norms, while improving the quality, flexibility and availability of schools. Take targeted steps to reduce barriers such as safety, security and financial constraints.

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — support their participation in programme design, delivery and monitoring and ensure they have a role in coordination.

» Coordinate with multiple sectors to implement the INEE Minimum Standards and ensure that gender-related education considerations are included across all sectors relevant to the education sector, including WASH, nutrition and child protection.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process, including on the design and location of education facilities, that is accessible to women, men, boys and girls. Speak with female and male teachers, school counsellors and other school staff, students, out-of-school children and youth and community members.

» Strive for 50 per cent of education programme staff to be women.

» Ensure that women, girls, men and boys participate meaningfully in education sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
Participation (continued)

BE AWARE!

» Ensure that women and girls at heightened risk have a mechanism to raise their concerns and participate in decision-making, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women and girls in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI groups, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women and girls’ voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with religious and community leaders prior to talking with female community members in order to avoid backlash.

GBV prevention and mitigation

GOOD PRACTICE

» Follow the guidance provided for the education sector in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Prevention and response to school-related GBV is a key cross-cutting priority in education programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Do no harm: Identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks where appropriate and using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See change to section B, page 86 for more information on this concept.) Work with all stakeholders to develop a code of conduct for teachers and other education personnel that addresses sexual harassment, abuse and exploitation.

» Train staff on how to orient people to GBV referral services.

» Identify and reduce protection risks by making sure the quickest and most accessible routes used by women and girls going to school, are cleared and open for use.

» Establish an effective feedback system within the schools for any rights violations. This can be done by establishing and empowering child rights committees within the schools.
BE AWARE!

» Don’t share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

GOOD PRACTICE

» Analyse the gender analysis, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all education programming to ensure that gender-related considerations are included throughout.

» Promote gender sensitivity in teacher training, learning materials and other classroom content.

» Set classes at convenient times for those involved in household tasks and other work (particularly women and girls).

» Provide childcare for women and girl-mothers attending education programmes.

» Provide appropriate menstrual hygiene supplies (and clothing) to girls.

BE AWARE!

» Do not assume that all will benefit from education programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures should be taken to facilitate the access of vulnerable groups, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuse such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.
Transformative approach

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially religious and community leaders, in outreach activities regarding gender-related education issues.

» Promote women's leadership in all education committees and agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women's participation.

» As the emergency subsides, work with the ministry of education to develop and implement school curricula that contribute to long-term shifts in gender norms and promote a culture of inclusion, non-violence and respect for all, including non-risk groups.

» Raise awareness with and engage men and boys as champions for women's participation and leadership in education in emergencies

» Engage women, girls, men and boys in non-traditional gender roles in education in emergencies.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their school communities by working with them and encouraging them to take on leadership roles during the emergency.

» Help establish women's, girls' and youth groups within the community and enable them to undertake leadership roles within the emergency education programme.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of education sector assistance by women, girls, men and boys as well as the changes relating to meeting women's strategic needs. The monitoring should also look at how the education programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women's leadership.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see section B, pages 48–51 for more information).

Monitoring for the education sector, can, for example, use assessments and/or surveys (written, individual, group) to assess enrolment, attendance, retention, drop-out and pass rates, and graduation percentages of different sexes and age groups, including children with disabilities. Analyse the data gathered to identify key problems and use the findings to evaluate levels of satisfaction and flag problems. Inputs must be sought from parents, caregivers, children and youth of appropriate age groups and teachers (of both genders, varied ages and positions) in equal proportions. Use culturally sensitive questions in interviews and surveys, especially when addressing issues such as child marriage, sexual harassment, safety within schools, behaviour of teachers and other conditions that could lead to increased drop-out rates.

Monitor that the education in emergency programme is abiding by the “do no harm” principle (see section B, page 86 for more information on this concept): conduct ongoing consultation with women, girls, men and boys, and undertake observation/spot checks on classrooms and facilities to identify early potential problems or negative effects (e.g., when incorporating psychosocial support for children, ensure that the activities do not retraumatize them). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These measures allow early identification of negative effects of the programme so they can be responded to in a timely manner so as to prevent GBV or further abuse of women's rights.

Good practice

In 2011, IRC Kenya partnered with the Population Council to implement an adapted (from the “It’s All One” toolkit and guidance) curriculum with girls aged 10 to 14 years in Dadaab refugee camp, Kenya (IRC, 2011). The approach involved a safe space model with mentors trained to facilitate the life-skills curriculum, which included a focus on self-esteem, GBV, adolescence and puberty, savings and goalsetting, among other topics. This was one of the first times that this model was adapted in an emergency context and refugee camp setting. The end-of-programme qualitative evaluation showed: improvements in self-esteem and adoption of progressive gender norms; and improvements in social indicators such as having a safe place to sleep in the case of an emergency; knowing someone from whom girls could borrow money; and having someone they could talk to about their problems.

UNESCO AND UN-WOMEN 2006: GLOBAL GUIDANCE SCHOOL RELATED GENDER BASED VIOLENCE HTTPS://TINYURL.COM/KBO96AG
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build on their capacities (See section B, page 58 for more information on this). Evaluation is a process that helps to improve current and future education programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed. It is important to carry out evaluations with rigorous evaluation methodologies using the OECD DAC evaluation criteria (i.e., relevance, effectiveness (value for money), efficiency, impact and sustainability) as part of a critical contribution to the establishment of evidence-based, at-scale programming in education in emergencies.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services by women, girls, men and boys, from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, boys or men were not effectively reached. The use of the gender markers helps identify gaps collectively to improve programming and response.

**KEY STANDARDS**


**KEY RESOURCES**


3. INEE. *Pocket Guide to Gender*. https://tinyurl.com/yb8m69uh
**Good practice: Feasibility of rigorous evaluation at low-cost in challenging situations**

The gender socialization in schools pilot programme in Karamoja, Uganda, has demonstrated the value of a gender-transformative approach to addressing prevailing gender norms that have contributed to conflict — and which have the potential to be harnessed for peace — in the Karamoja region. The pilot programme’s accompanying impact evaluation shows that such a training intervention can have a positive impact on teachers’ knowledge of gender concepts and their relevance in the classroom. It also demonstrates the potential for shifting attitudes towards more progressive views of gender equality. While the research showed early indications of a shift towards gender-equitable practices, teachers ultimately remained constrained by structural factors and the entrenched nature of the traditional views on gender roles held by the wider community. Qualitative findings indicate, however, that stronger reinforcement strategies and links to the community as part of a longer-term approach would likely result in a transformation of teacher practices. Support from multiple community stakeholders is essential if shifts in gender roles, power relations and conflict dynamics are to be achieved at the macro level.”

UNICEF/AMERICAN INSTITUTES FOR RESEARCH, 2016. HTTPS://TINYURL.COM/YA8JQDCF
This chapter explains how to integrate gender equality into food security programming. You can find information on why it is important to incorporate gender equality in food security programming as well as key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for a food security programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to go about gender equality programming in each of the phases of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from programme design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each phase. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in food security programming?

Humanitarian crises impact the access to food, livelihoods and nutrition by women, girls, men and boys in different ways. Humanitarian responders need to understand gender issues in the four dimensions of food security: the availability of food; access to food; food utilization; and stability of these three dimensions over time. Food security interventions include distribution of food items, cash transfers and assets such as agricultural assets and fuel-efficient stoves.

Women's work in producing food for household or community consumption is often not valued. Efforts to improve food security focus on ensuring that households have the means to produce food or earn enough income and have access to markets to purchase it. Understanding who performs what roles in providing household food security is essential: if women are responsible for a particular aspect of food policy they should be specifically targeted.

Levels of food security and the risk of GBV are closely linked. Women and girls are typically responsible for the production, procurement and preparation of food. As a result, women and girls can find themselves removed from familiar surroundings whilst tending crops and livestock, gathering fuel or attending food distributions. This isolation can increase the risk of abuse or violent attack. Lack of food can cause tensions in the household, leading to intimate partner violence, negative coping strategies such as resorting to transactional sex to make ends meet or even sending girls into child marriage. It is crucial that GBV prevention and survivor services are considered and reach the target population.

Effectively integrating gender equality into food security programming will achieve the following goals:

• **Improve access for all to nutritious and safe food.** Given that women and men may have different access to, and control over, finances and resources, an assessment that analyses gender roles is required to accurately assess levels of food security across the affected population.

• **Enhance food security outcomes.** Understanding the distinct and complementary roles of women and men in food production, as well as how other diversity factors intersect with gender in procurement, preparation and provision is key to improving livelihood, food security and nutritional outcomes. For example, where firewood and water need to be collected to prepare meals, the provision of energy-efficient stoves, vouchers for fuel and water points located near habitations can reduce time, work burden and exposure to risks of violence, and enable women and girls to take advantage of education and/or employment opportunities.

• **Build safer communities.** Improved food security of individuals, households and communities reduces the need for crisis-affected people to resort to negative survival tactics such as transactional sex, child marriage, violence and theft.

• **Promotes programme ownership and sustainability.** Enhancing the participation of both women and men as leaders in food security upholds rights and ensures appropriate service provision. Humanitarian responses that tackle issues of location, time, schedule and facilities for distribution arrangements by involving women, girls, men and boys better reflect the population’s needs, priorities and capacities and therefore are likelier to succeed in the short and longer term.

• **Shifts gender relations towards equality.** More balanced sharing of roles and responsibilities around food production, procurement, preparation and provision contributes to gender equality. For example, including men and boys in cooking and childcare activities provides them with practical knowledge and skills essential to their own survival (nutritional awareness, food safety and good agricultural practices) whilst also reducing the work burden on women and girls (reducing their time poverty).

Integrating gender equality and food security in the Humanitarian Programme Cycle

This section outlines the necessary actions that front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies must take to promote gender equality in food security at each stage of the HPC.
KEY GENDER EQUALITY ACTIONS FOR FOOD SECURITY PROGRAMMING AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

1 Needs assessment and analysis

- Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to food security.
- Conduct a gender analysis as part of food security needs assessments, and analyse the findings.

2 Strategic planning

- Integrate gender equality into food security programme design for the response, utilizing the findings from the gender analysis and other preparedness data.
- Ensure a demonstrable and logical link between the gender-specific needs identified for the food security sector, project activities and tracked outcomes.
- Apply gender markers to food security programme designs for the response.

3 Resource mobilization

- Apply gender markers to food security programmes in the response.
- Include information and key messages on gender and the food security sector for inclusion in the initial assessment reports to influence funding priorities.
- Report regularly on resource gaps on gender within the food security sector to donors and other humanitarian stakeholders.

4 Implementation and monitoring

- Implement food security programmes which integrate gender equality and inform women, girls, men and boys of the resources available and how to influence the project.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of food security projects.
- Apply gender markers to food security programmes in the response.
- Monitor the access to food security assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or boys and men based on the assessed gaps and dynamics.

5 Gender operational peer review and evaluation

- Review projects within the food security sector and response plans. Assess which women, girls, boys and men were effectively reached and those who were not and why.
- Share good practices around usage of gender markers and address gaps.
1 Needs assessment and analysis

Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B (page 30–36) provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. Gender markers should also be used at this phase of the HPC (see section B, pages 48–51). In addition to using SADD, depending on the context it can be important to disaggregate the data based on other diversity factors such as ability, ethnicity, language spoken, level of income or education.

When collecting information for the food security sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard food security assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, men and boys in relation to the food security sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them in relation to the broader food security factors brought on by crisis. Ensure that these align with good practice and key standards on coordination, women’s participation, and GBV prevention and mitigation as outlined in the table on pages 206–207 on “Key approaches and standards for needs assessment and analysis in food security”.

Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles such as those produced by FAO, WFP, Oxfam, Action against Hunger (ACF) and others. These should be supplemented with participatory data collection from women, girls, men and boys affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.
Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the food security sector, it is important to collect SADD at different levels — community, household, individual — to get a clear picture of the specific food security needs and realities for women, girls, men and boys in a crisis-affected population. For instance, just as not all female-headed households are vulnerable, not all male-headed households are food secure. Analysis of the data collected may indicate that: (i) female heads of households experience barriers to accessing available resources which male heads of households do not experience; or (ii) that the level of food insecurity of female-headed households is higher than those of male-headed households. (See more on data in section B, pages 39–41).

The following table summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or the individual agency (with the emergency response coordinator accountable).

### KEY ASSESSMENT TOOLS:

## Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>TIMEFRAME</th>
<th>ACTIVITY</th>
<th>DELIVERABLE</th>
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</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager)</td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the food security sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Map and contact details of organizations working on gender in the country</td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a sectoral gender analysis adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report</td>
</tr>
<tr>
<td>TIMEFRAME</td>
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<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated <strong>comprehensive gender analysis</strong> building on pre-existing gender partnerships. Ensure that there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
THE GENDER ANALYSIS FOR FOOD SECURITY SHOULD ASSESS:

- **Population demographics.** What was the demographic profile of the population disaggregated by sex and age *before the crisis? And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles.** What were the roles of women, girls, men and boys? How have the roles of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

- **Decision-making structures.** What structures was the community using to make food security decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

- **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations.** What are the food security-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of production, acquisition and consumption of food as individuals, in their household settings and in their communities.

POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO FOOD SECURITY TO INCLUDE:

- Are the numbers of landless poor and herdless pastoralists disaggregated by sex?

- Do certain groups or households or individuals find it more difficult to access food and agricultural inputs, distribution sites, work sites, workshops or registration points?

- In the household, who makes decisions about food purchasing, procuring, use of land and other productive resources? Who receives food aid on behalf of the household?

- Who eats first and who eats last in the household?

- Are food distribution points equally accessible for women and men, and women and men with disabilities? Are distribution sites and routes to reach them safe for women, girls and other at-risk groups?

- What registration systems are in place? How are ration cards issued?

- Who in the household is involved in working in agriculture, food or livestock production? (This includes farming activities, food processing and preservation, milk and dairy production, poultry production, fisheries, etc.)

- What are the roles of women, girls, men and boys in food production, procurement, storage and preparation of food? Who is responsible for food hygiene? Have roles changed as a result of the crisis? If yes, how? Who has been more affected and why? How much time is spent — by women, girls, men and boys separately — in meeting the household’s food needs?

- Do women and men have equal access to food services and programmes, the local market, cash for work opportunities and agricultural inputs?
Gender analysis carried out relevant to food security in Somalia

**Crops:** Sorghum and maize are the two key food crops.

**Sorghum:** Men prepare land and thresh. Planting, weeding, harvesting, guarding and transporting are joint activities of women and men. Women exclusively winnow and mill. They are the key sellers of sorghum and predominate as retail vendors in local cereal markets. Women, girls and boys scare birds to prevent them eating the ripening sorghum.

**Maize:** Men usually purchase and apply fertilizer and pesticides, cut down the maize stocks, transport and market maize to commercial traders. Both men and women, usually more men, are paid casual workers in the maize harvest. Land preparation, sowing, irrigating, weeding and harvesting are joint roles. Women use or sell maize fodder (stalks), bang the kernels from the cobs and sell small volumes of maize on local markets.

**Natural resource harvesting:** Foraging for wood and harvesting wild resins are two key forms of natural resource harvesting.

**Wood foraging:** Firewood is primarily collected by women and girls, although men in the north-west in particular actively collect firewood if long distances are involved. Men primarily burn wood for charcoal and sell sacks of charcoal in urban areas. Within the towns, women petty traders take over charcoal sales. Women are the key foragers for wood they will use in building and construction, for home cooking and for firewood sale. In the south, men cut larger trees for constructing frame houses and furniture.

FAO. 2012. GENDER IN EMERGENCY FOOD SECURITY, LIVELIHOODS AND NUTRITION IN SOMALIA. HTTPS://TINYURL.COM/Y7YBPLKZ P24
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN FOOD SECURITY PROGRAMMING

**Coordination**

**GOOD PRACTICE**
- Work with women’s rights organizations, LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to ensure gender equality in food security programming.

**BE AWARE!**
- Be aware of possible biases in data collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

**Participation**

**GOOD PRACTICE**
- Ensure an equal balance of men and women on the food security assessment team to allow access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.
- Look for particular expertise or training by local LGBTI groups, where possible, to inform the analysis of the particular needs of these groups relating to food security.
- Undertake a participatory assessment with women, girls, men and boys and LGBTI individuals. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to food security.
- Adopt community-based approaches, building on existing community structures to motivate the participation of women, girls, men and boys in the response.
- Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

**BE AWARE!**
- Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.
- Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.
- Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.
- Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.
- In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
**GBV prevention and mitigation**

**GOOD PRACTICE**

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Train staff on how to refer people to GBV services.

**BE AWARE!**

» Don't collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

**Gender-adapted assistance**

**GOOD PRACTICE**

» Identify groups with the greatest food security support needs, disaggregated by sex and age.

» Assess the barriers to equitable access to food security programmes/services, disaggregated by sex and age.

**BE AWARE!**

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

**Transformative approach**

**GOOD PRACTICE**

» Identify opportunities to challenge structural inequalities between women and men, and to promote women's leadership within the food security programme.

» Invest in targeted action to promote women's leadership, LGBTI rights and reduction of GBV.

**BE AWARE!**

» Ensure that any negative effects of actions within the food security programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the food security sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what time frame. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:

---

**Good practice**

In 2013 and 2014, WFP and its local partner in Chad, Moustagbal, provided monthly food distribution to the most vulnerable elderly women and to households with malnourished children for the last three months before the harvest. In nearly all cases, women did indeed have control and autonomy over the food received, and households with underweight children reported that they (and their nursing mothers) were indeed prioritized within household use.

SOURCE: GENDER, MARKETS AND WOMEN’S EMPOWERMENT: SAHHEL REGION CASE STUDIES IN MALI, NIGER AND CHAD REPORT. 2016. SUBMITTED TO WORLD FOOD PROGRAMME VULNERABILITY ANALYSIS MAPPING (VAM) UNIT DAKAR, SENEGAL BY: MIOAH BOYER, MA AND TARA DEUBEL HTTPS://TINYURL.COM/Y9YSATYP
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do certain groups or households find it more difficult to access food and agricultural inputs, distribution sites, work sites, workshops or registration points?</td>
<td>Women, girls, people with disabilities and some LGBTI individuals feel that access is unsafe due to the need to travel long distances at a time of day that is risky. Male-headed families are usually in control of the access to and thus the distribution of food within the household.</td>
<td>Increased access for women, girls and people with disabilities to food and agricultural inputs, distribution sites, work sites, workshops or registration points.</td>
<td>Number and percentage of women, girls, men and boys with and without disabilities safely accessing the distribution site</td>
</tr>
<tr>
<td>What are the roles of women, girls, men and boys in food production, procurement and preparation of food? Have roles changed as a result of the crisis? If yes, how? Who has been more affected and why?</td>
<td>Women and girls spend more time in preparing food for family members since the crisis. Girls drop out of school early or under-achieve due to food preparation roles. Procurement is usually left to male figures for safety and protection reasons. In agricultural settings, it is not unusual to find women and girls responsible for the production process.</td>
<td>Household food security work shared more evenly between men and women and food preparation roles are no longer assigned solely to women and girls. Boys’ and girls’ attention improves and they achieve better results. School-age boys and girls in attend school more regularly.</td>
<td>Percentage of women, girls, men and boys reporting shifts in roles related to food preparation, production and procurement within the household. Percentage of boys and girls benefiting from school feeding programmes who score results in the 75th percentile. Percentage decrease in absenteeism among children benefiting from school feeding programme</td>
</tr>
<tr>
<td>Who is responsible for collecting cooking fuel (e.g., firewood, charcoal)? Are there dangers or difficulties in collecting fuel wood and water?</td>
<td>Women and girls are responsible for collecting cooking fuel and water. Women and girls report being attacked when collecting fuel, wood and water.</td>
<td>Acquisition and access to fuel and water are no longer threats to the safety of women and girls.</td>
<td>Percentage of women and girls who report that they feel more safe and secure due to new alternative cooking technologies.</td>
</tr>
</tbody>
</table>
### GENDER ANALYSIS

### ISSUES IDENTIFIED

### SPECIFIC OBJECTIVES

### EXPECTED RESULTS

*The outputs of the intervention that will achieve the specific objective*

<table>
<thead>
<tr>
<th>Factors that hinder access are identified.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical access to ensure participation is adjusted.</td>
</tr>
<tr>
<td>More marginalized participants in the community are reached.</td>
</tr>
</tbody>
</table>

### EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)

*Indicators to measure the extent the intervention achieves the expected result*

<table>
<thead>
<tr>
<th>Awareness-raising sessions are attended by large numbers of male members of the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-age boys and girls benefit from the feeding programme and are guaranteed one fulfilling healthy meal a day.</td>
</tr>
<tr>
<td>Number of awareness-raising sessions and number and percentage of attendees disaggregated by sex</td>
</tr>
<tr>
<td>Number and percentage of school-age boys and girls who have access to feeding programmes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household members are knowledgeable about alternative cooking technologies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative cooking technologies are provided as part of the food programme.</td>
</tr>
<tr>
<td>Men and boys take a more active role in collecting cooking fuel and water.</td>
</tr>
<tr>
<td>Security systems put in place to minimize violence incidents that arise while collecting fuel and water.</td>
</tr>
<tr>
<td>At least 75 per cent of household members report knowing how to operate the alternative cooking technologies</td>
</tr>
<tr>
<td>Number and percentage of households with access to cooking technologies</td>
</tr>
<tr>
<td>Percentage of women, girls, men and boys who report male figures in the household taking a more active role in collecting fuel and water</td>
</tr>
</tbody>
</table>

### GENDER-ADAPTED PROGRAMMING ACTIVITIES

<table>
<thead>
<tr>
<th>Consult women, girls, men and boys about times, frequency and locations of food/input distributions, workshops and employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapt infrastructure (e.g., seating for persons with physical disabilities, provide sheltered areas, etc.) and services (separate lines (queues) for women and men) to support access according to specific needs.</td>
</tr>
<tr>
<td>Set outreach teams to mobilize and reach potentially unreachable women and girls.</td>
</tr>
<tr>
<td>Raise the awareness of men and boys on approaches to distributing household responsibilities related to food preparation, production and procurement and the importance of sharing roles for the well-being of all household members.</td>
</tr>
<tr>
<td>Receipt of food items is conditional on attendance at these sessions.</td>
</tr>
<tr>
<td>Providing school feeding programmes to promote educational access, retention and attainment of girls and boys.</td>
</tr>
<tr>
<td>Provide and train women and men on use of energy-efficient cooking technologies and alternative fuels through distribution or asset creation programmes such as training on stove/briquette production.</td>
</tr>
<tr>
<td>Raise the awareness of men and boys on approaches to distribute household responsibilities related to collecting cooking fuel and water, and to accompanying females.</td>
</tr>
<tr>
<td>Introduce security patrols by working with protection actors to ensure safety when collecting fuel, wood and water.</td>
</tr>
</tbody>
</table>
Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the food security cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

- Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors would be looking for can be consulted in the IASC Marker Tip Sheets. In the food security tip sheet, examples of commitments include:

- Ensure that women, girls, men and boys participate equally in all steps in programme design, implementation and monitoring, and consult particularly on the times and places of distributions;

- Work to ensure that women, girls, men and boys of all age groups can access food assistance by registering the adult woman in all households (except single-male headed households) as the primary recipient of food assistance in order to reinforce ownership and control of women as the primary target of food assistance and avoid excluding second wives and their children in polygamous families;

- Take specific action to prevent GBV;

- Design services to meet the needs of women and men equally, ensuring that women and men participate equally in food distributions and receive equal pay for the same work.
Once the resources have been mobilized, the next stage of the HPC cycle is the implementation and monitoring of the programme.

### Implementation

In order to ensure that food security programmes integrate gender equality throughout, the following key actions need to be taken into consideration.

- Tailor programme activities to the specific food security-related needs, capacities and priorities of all women and girls, men and boys.
- Inform women, girls, men and boys of the available resources and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of food security programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the food security programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (each area is explained in the more detail in the table that follows).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

### KEY MONITORING TOOL:

KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN FOOD SECURITY PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure that gender-related food security considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation for women, girls, men and boys relating to the food security sector and sex- and age-disaggregated data.

» Coordinate with gender working groups in country, when present.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process that is accessible to women, girls, men and boys.

» Consult with women, girls, men and boys on quality, familiarity and appropriateness of food items, access to distribution sites, storage, preparation, cooking and consumption of the food distributed, and the implications of targeted provision for vulnerable people.

» Strive for 50 per cent of food security programme staff to be women, and ensure an equal distribution of significant and appropriate roles such as nutrition monitors, promoters and agricultural advisers.

» Ensure that women guardians are placed to oversee registration, distribution and post-distribution of food and assets.

» Ensure that women, girls, men and boys participate meaningfully in food security sector programmes and are able to provide confidential feedback and access complaint mechanisms, by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary can speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
BE AWARE!

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decision-making, while guaranteeing confidentiality regarding their personal situation and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, no government recognition of LGBTI individuals, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GOOD PRACTICE

» Follow the guidance on food security in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Prevention and response to GBV is a key cross-cutting priority in food security programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys and other minority groups using complaint mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section 2, page 86 for more information on this concept.)

» Establish transparent systems for food distribution to minimize GBV risks.

» Ensure that transfers meets food requirements so women, girls and other potentially at-risk groups are not supplementing them with high-risk activities.

» Train staff on the organization’s procedure if they are presented with information about possible cases of GBV, as well as how to orient people towards GBV referral services.

» Reduce protection risks by making sure that the quickest and most accessible routes to food and asset distribution sites are used by women and girls and other at-risk groups. Ensure that roads to and from distribution points are clearly marked.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN FOOD SECURITY PROGRAMMING (CONTINUED)

GBV prevention and mitigation (continued)

BE AWARE!

» Don’t share data that may be linked back to a group or an individual, including GBV survivors.
» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.
» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

Gender-adapted assistance

GOOD PRACTICE

» Analyse the food security gender analysis, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all food security programming to ensure gender-related considerations are included throughout.
» Prioritize adult women as the registered primary recipients of food aid support.
» Take into account that some groups may have specific dietary needs.
» Include actions to address infrastructure and services (such as separate lines (queues) for women and men).
» Facilitate women’s access to productive resources such as land, credit, livestock assets and technology.
» Ensure that survivors of GBV who may face additional barriers travelling to distribution sites, have access to food.
» In contexts with polygamous households, each wife and her children should be treated as a separate household.
» Set-up woman-friendly spaces at food and agricultural asset distribution sites.
» Reduce the burden of food and agricultural assets by placing distribution sites close to living areas, ensure the packages are of a manageable weight for women, children and persons with disabilities, and develop transport strategies for heavy packages.
» Encourage the use of fuel-efficient stoves and cooking techniques and provide training for this.
» As women may depend on sale of firewood for household income, consider linking alternative energy programmes with income-generating activities for women.

BE AWARE!

» Do not assume that all will benefit equally from food security programming. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.
**Gender-adapted assistance (continued)**

» Special measures to facilitate the access of vulnerable groups to food security programme activities should be taken, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuse, such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.

**Transformative approach**

**GOOD PRACTICE**

» Challenge structural inequalities. Engage men, especially religious and community leaders, in outreach activities regarding gender-related food security issues.

» Promote women’s leadership in food security (such as distribution committees) and agree on representation quotas for women with the community prior to any process for elections

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Support farmers’ cooperatives for women smallholders through access to extension services, financial services, land rights, markets, etc.

» Provide food assistance to women (and their children) in GBV shelters so that they are not compelled to return to violent environments due to hunger and can remain where there are medical, psychosocial, livelihood and other services that provide them with the space to change their lives and the lives of their children.

» Ensure that women and men from local communities who contribute their knowledge, skills and time to a food assistance programme, such as school feeding and nutrition counselling, are equally compensated, rather than, for example, women voluntarily providing meals whilst men receive cash or vouchers for labouring in a school garden.

» Employ women in supply chains as an equal employment opportunity issue and make sure that women and girls affected by emergencies can have their needs and interests both heard and addressed.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership.

» Engage women, girls, men and boys in non-traditional gender roles.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to take on leadership roles.

» Help establish women’s, girls’ and youth groups within the community and enable them to undertake leadership roles.

**BE AWARE!**

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of food security sector assistance by women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also look at how the food security programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. **Sex-and age-disaggregated data (SADD)** are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use **gender markers** to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see Section B, pages 48–51).

Monitoring for the food security sector can, for example, monitor the proportion of individuals attending nutrition promotion sessions or households that have received food vouchers; the proportion of proposals from women’s committees accepted by camp management; and how much time women and girls have saved as a result of fuel-efficient stoves.

Monitor that the food security sector adheres to the **“do no harm”** principle: (see section 2, page 86 for more information on this concept) conduct ongoing consultations with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects (e.g., ensuring that food support is distributed equally to all groups, taking into account gender and other intersectional factors, avoids any potential negative effects). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information). These measures allow early identification of negative effects of the programme so that they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build on their capacities (see section B, page 58 for more information). Evaluation is a process that helps to improve current and future food security programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Food security programmes need to be reviewed based on equal participation and access to services by women, girls, men and boys from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, boys or men were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


**KEY RESOURCES**


This chapter explains how to integrate gender equality into health programming. You can find information on why it is important to incorporate gender equality into health programming as well as and key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for a health programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to go about gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each phase. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in health programming?

Humanitarian crises impact the safe access to available, acceptable and appropriate health information, services and facilities for women, girls, men and boys in different ways. There are gender differences in both physical and psychological health impacts on women, girls, men and boys as well as their capacity to recover. When delivering health care in crisis situations, the design of health programmes requires gender analysis from the very beginning and at every stage of the HPC.

Effectively integrating gender equality into health care in crises requires an understanding of the specific health needs and potential barriers to accessing services to ensure that women, girls, men and boys access health services equally. This should include reproductive health services and services for GBV survivors addition to wider health-care services and information. Assessment of the health status of a population is by definition stratifying data and analysis by age and gender. Implementation of medical interventions is also traditionally quite gender- and age-sensitive, e.g., in the health sector there are paediatricians, gynaecologists, geriatrists, etc. Just as gender and age need to be scrutinized when dealing with health in a stable setting (diseases have sometimes different courses in males or females or young or old people), health effects and needs in emergency settings must be subjected to a gender/age analysis so as to detect specific effects or requirements that need to be addressed.

One way of assessing the development (reinforcement) of health services (in crisis situations) is to analyse the demand/offer (for services). Gender and age specificities are an integral part of such an analysis. On the demand side, issues such as reduced access for women because of financial dependency are just as important as an understanding of the full epidemiological picture of the area. On the side of the offer, we should question whether consultation rooms offer enough privacy to consult victims of GBV, as well as whether there is enough capacity to treat the caseload of patients with malaria or undernutrition.

Effectively integrating gender equality into health programming will achieve the following goals:

• **Safeguard the right to health.** Identifying sex- and age-related health needs is the only way to understand the full impact of a crisis on the health of women, girls, men and boys of different ages and backgrounds and secure adequate quality health service provision, which is a fundamental human right under international law.
• **Improve the health status of all.** Conflicts are known for inducing an increase of GBV, unwanted pregnancies, sexually transmitted diseases, etc. Conflicts also tend to increase the need for general surgery. The extra burden of health problems (gender-/age-specific or not) needs to be acknowledged and met by an increase of (specific) services. In some contexts, women are more likely to wait longer before seeking care as they often fear disrupting household functions. Women are also less likely to have access to resources for preventative and curative medications. Bringing gender equality into programming helps humanitarians both to identify specific groups especially vulnerable to health conditions and to determine suitable strategies, including public messaging, to reduce poor health consequences.

• **Promote access to sexual and reproductive health services and rights.** The well-being of the entire community improves by identifying and addressing the specific sexual and reproductive health needs and priorities of women, girls, men and boys from the onset of a humanitarian emergency. For instance, in every emergency approximately 4 to 16 per cent of women of reproductive age will be pregnant with 15 per cent of women and girls predicted to experience life-threatening complications due to pregnancy and childbirth. Family planning services often are disrupted during emergencies which can lead to unwanted, high-risk pregnancies that increase health and socioeconomic burdens on affected families. As an example, pregnant adolescents, particularly those under the age of 16, have a higher chance of obstructed labour, a life-threatening obstetric emergency. Delay in treatment may result in obstetric fistulas, uterine rupture, haemorrhage and the deaths of mother and child. Emergency obstetric services are often unavailable during crises, thus increasing the risk of morbidity and mortality among adolescent mothers and their babies.

• **Promote the safety and dignity of women, girls, men and boys.** Involving them in assessments of health needs and design and location of facilities results better use of health programmes by the community. For example, quality free-of-charge, youth-friendly reproductive health services increase the numbers of female and male youth seeking reproductive health services. The selection of gender-appropriate health service providers who speak local languages greatly encourages women, girls, men and boys to seek preventative services for sexually transmitted infections. It also provides an opportunity for survivors of sexual violence to seek care.

• **Promote ownership and sustainability.** Advancing the leadership of women and adolescent girls and boys in health service coordination at all levels (communities and health facilities) can transform traditional gender roles and promote a sense of community ownership that endures beyond the emergency.

**Integrating gender equality and health in the Humanitarian Programme Cycle**

This section outlines the necessary actions front-line humanitarian actors in the health sector, such as United Nations agencies, local and international NGOs and government agencies, need to take to promote gender equality at each stage of the HPC.
## Key Gender Equality Actions for Health Programming at Each Stage of the Humanitarian Programme Cycle

### 1. Needs Assessment and Analysis

- Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to health.
- Conduct a gender analysis as part of health needs assessments and analyse the findings.

### 2. Strategic Planning

- Integrate gender equality into health programme design for the response, utilizing the findings from the gender analysis and other preparedness data.
- Ensure a demonstrable and logical link between the gender-specific needs identified for the health sector, project activities and tracked outcomes.
- Apply gender markers to health programme designs for the response.

### 3. Resource Mobilization

- Apply gender markers to health programmes in the response.
- Include information and key messages on gender and the health sector for inclusion in the initial assessment reports to influence funding priorities.
- Report regularly to donors and other humanitarian stakeholders on resource gaps on gender within the health sector.

### 4. Implementation and Monitoring

- Implement health programmes which integrate gender equality and inform women, girls, men and boys of the available resources and how to influence the project.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of health projects.
- Apply gender markers to health programmes in the response.
- Monitor the access to health assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or boys and men based on the assessed gaps and dynamics.

### 5. Gender Operational Peer Review and Evaluation

- Review projects within the health sector and health response plans.
- Assess which women and girls, boys and men were effectively reached and those that were not and why.
- Share good practices around usage of gender markers and address gaps.
Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B (pages 30–36) provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. Gender markers should be used at this stage of the HPC (see section B, pages 48–51 for more information).

When collecting information for the health sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard health assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTQI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the health factors brought on by crisis, as well as the level of access to services, and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. Ensure that these align with good practices and key standards on coordination, participation, and GBV prevention and mitigation and use a transformative approach as per the table on pages 232–234 on “Key approaches and standards for needs assessment and analysis in health programming”.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform health services for women, girls, men and boys. For the health sector, it is important to ensure that health information systems at the primary health care level and referral facilities are included. SADD on major causes of illness and death at the community and health facility levels help to improve health service delivery through specific activities. SADD should be collected on the number of males and females aged 0–5 years, 6–11 years, 12–17 years, 18–25 years, 26–39 years, 40–59 years and 60+ years, including other diversity factors to respond to specific needs (disability, pregnant and lactating women, etc.). In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). (See more on data in section B) In addition to using SADD, depending on the context, it can be important to disaggregate the data based on other diversity factors, such as ability, ethnicity, language spoken, level of income or education.

The following table gives a summary of the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or the individual agency (with the emergency response coordinator accountable).

**KEY ASSESSMENT TOOLS:**

# Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager) <a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a> Infographic</td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the health sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming <a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a> Map and contact details of organizations working on gender in the country Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a sectoral gender analysis adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated <strong>comprehensive gender analysis</strong>, building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjd">https://tinyurl.com/ybsqzvjd</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles, such as those produced by WHO, UNICEF, ACF and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

THE GENDER ANALYSIS FOR THE HEALTH SECTOR SHOULD ASSESS:

- **Population demographics.** What was the demographic profile of the population disaggregated by sex and age before the crisis? And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles.** What were the roles of women, girls, men and boys related to health prior to the crisis? How have the roles related to health of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, girls, men and boys related to health and how do they interact? How much time do these roles require?

- **Decision-making structures.** What structures did the community use to make health decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

- **Protection.** What health and protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations.** What are the health-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include needs, capacities and aspirations relating to reproductive health services and services for survivors of GBV, in addition to wider health care services and information (including as these relate to the availability of health facilities, health workers, drugs and equipment).
Good practice

The Zika and Ebola outbreaks highlighted that women’s socioeconomic status, which is always a determining factor in their experience of gender inequality and gender discrimination, takes on heightened significance during complex emergencies. For example, even in a country where there are restrictive abortion laws, such as Brazil, women with higher education and socioeconomic status are more likely to gain access to safe abortion. While public health interventions to support women in making autonomous sexual and reproductive choices are vital, advice and programming may not adequately address the socioeconomic options open to these young women that determine their sexual and reproductive ‘choices’. Therefore, in a public health emergency, where a virus (like Ebola and Zika) can be spread by sexual relations, attention to the location and equality of the women and girls affected by the disease outbreak is vital to ensure that advice on containment and treatment compensates for the limited choices likely to be available to this population.

ADAPTED FROM: SARA. E. DAVIES AND BELINDA BENNETT. 2016. A GENDERED HUMAN RIGHTS ANALYSIS OF EBOLA AND ZIKA: LOCATING GENDER IN GLOBAL HEALTH EMERGENCIES. INTERNATIONAL AFFAIRS
Good practice

There is a significant relationship between HIV and tuberculosis (TB). Most TB cases and deaths occur among men, but it remains among the top three causes of female deaths worldwide.

Although there is a higher HIV prevalence amongst women in sub-Saharan Africa, the incidence of TB is higher in men (except in women who are 15–24 years old in areas of high HIV prevalence). This is due to male-specific risks associated with the transmission of TB, for example, men tend to have more social contacts, work in high-risk settings, smoke, possibly have higher alcohol consumption and seek health care less frequently. Females experience a specific set of risks, including higher stigma, delayed diagnosis and less access to treatment services. Higher rates of extrapulmonary TB among women also mean they are harder to screen and diagnose. Moreover, the gendered dynamics of TB treatment and cure rates are not uniform; in some countries men have better outcomes than women, while in others women have better outcomes than men.

Recognizing the need for a systemic assessment tool from a gender perspective to inform TB and HIV responses, the Stop TB Partnership and UNAIDS developed the HIV/TB gender assessment tool to help ensure that responses are gender-sensitive. Using tools such as this, which take into account the gendered elements of a disease outbreak, helps to identify gender-related barriers to services as well as the specific needs of women, men, transgender people and key vulnerable populations, which in turn enables countries and teams to respond better to specific barriers and needs of these groups.

KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN HEALTH PROGRAMMING

Coordination

GOOD PRACTICE

» Work with women’s rights organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality in health programming.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

» Ensure an equal balance of men and women on the health assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to health.

» Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to health.

» Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the health response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.
Participation (continued)

BE AWARE!

» There are certain questions to ask women, girls, men and boys and LGBTI individuals in separate groups such as those concerning sexual and reproductive health or the risk of GBV.

» Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GBV prevention and mitigation

GOOD PRACTICE

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Response.

» Train staff on how to refer people to GBV services.

» Ensure safe access to health facilities for women, girls, men and boys of all ages and people with disabilities.

» Ensure that health facilities have sex-segregated latrines lockable from the inside.

» Ensure that health facilities monitor who is entering the facility (through guards or others).

BE AWARE!

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g. gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.
**Gender-adapted assistance**

**GOOD PRACTICE**

» Identify groups with the greatest health support needs and the underlying factors that potentially affect health status, disaggregated by sex and age.

» Assess the barriers to equitable access to health programmes/services, disaggregated by sex and age.

**BE AWARE!**

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

**Transformative approach**

**GOOD PRACTICE**

» Identify opportunities to challenge structural inequalities between women and men, and to promote women’s leadership within the health programme.

» Invest in targeted action to promote women’s leadership, LGBTI rights and reduction of GBV.

**BE AWARE!**

» Ensure that any negative effects of actions within the health programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the do no harm principle (see section B, page 86 for more information on this concept).
2 Strategic planning

Once the needs and vulnerabilities of all members of the crisis affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the health sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed.

Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are referral systems in place for GBV survivors in health facilities?</td>
<td>Poor ability of health facilities to respond to GBV.</td>
<td>GBV survivors have access to well-established referral systems to support them in the various aspects of their lives.</td>
<td>Number and percentage of GBV survivors who turn to the established referral systems</td>
</tr>
<tr>
<td>Is there access to sexual and reproductive health (SRH) services and information for adolescent girls and boys?</td>
<td>Absence of gender balance of staff inhibiting access for adolescent girls to SRH services. SHR information not reaching adolescent girls or boys. Cultural barriers present the subject as taboo.</td>
<td>More adolescent boys and girls have age-appropriate knowledge about SRH.</td>
<td>Number and percentage of adolescent boys and girls who have improved knowledge of age-appropriate SRH over baseline (or pre-intervention results)</td>
</tr>
<tr>
<td>What are the roles and responsibilities of women and men for health care at household level? How have these been impacted by the crisis?</td>
<td>Women traditionally care for the sick at home, which is impacting their ability to engaged in paid work. This has been exacerbated by the crisis as women are caring for more sick family members.</td>
<td>Women are more able to access the income-generating activities due to alternative ways of caring for the sick at the household level.</td>
<td>Percentage of women who join income-generating activities as a result of not having to care for the sick at the household level</td>
</tr>
</tbody>
</table>
### GENDER ANALYSIS

**QUESTIONS**

- What specific objective is the operation intended to achieve?

**ISSUES IDENTIFIED**

- Poor ability of health facilities to respond to GBV.
- GBV survivors have access to well-established referral systems to support them in various aspects of their lives.

**OBJECTIVES**

- Number and percentage of GBV survivors who turn to the established referral systems.
- Staff knowledge and capacity of standard operating procedures acquired/improved.
- A referral mechanism linking GBV survivors with assistance in various sectors is established.

**EXPECTED RESULTS**

The outputs of the intervention that will achieve the specific objective

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Expected Results Indicators (Output Indicators)</th>
<th>Gender-Adapted Programming Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff knowledge and capacity of standard operating procedures acquired/improved.</td>
<td>Percentage of staff who have acquired and improved knowledge of the referral mechanism over baseline (or pre-intervention results).</td>
<td>Build staff knowledge of and capacity to implement standard operating procedures for multisectoral care for GBV.</td>
</tr>
<tr>
<td>A referral mechanism linking GBV survivors with assistance in various sectors is established.</td>
<td>Number of key partners who provide services to GBV survivors disaggregated by the type of service provided.</td>
<td>Establish a referral mechanism with key local partners who can support GBV cases (legal, medical, rehabilitation, shelter).</td>
</tr>
<tr>
<td>Gender balance is achieved in the staffing of SRH services.</td>
<td>Ratio of female to male health workers for SRH services.</td>
<td>Support the recruitment of more female staff within SRH services.</td>
</tr>
<tr>
<td>Adolescent boys and girls have age-appropriate access to information about SRH.</td>
<td>Number and percentage of adolescent boys and girls who access age-appropriate SRH information through the programme.</td>
<td>Adapt health information messaging for adolescent girls and boys and present it in a scientific way.</td>
</tr>
<tr>
<td>Sick family members can benefit from health-care services by professional staff.</td>
<td>Number and percentage of the sick who access professional health care.</td>
<td>Targeted outreach of SRH information to adolescent girls and boys.</td>
</tr>
<tr>
<td>Men and boys take more responsibilities towards caring for the sick at the household level.</td>
<td>Percentage of women, girls, men and boys who report shifts in roles assignments in caring for the sick at the household level.</td>
<td>Provision of accessible health services for those affected by the crisis.</td>
</tr>
<tr>
<td>Sick family members can benefit from health-care services by professional staff.</td>
<td>Percentage of women, girls, men and boys who report shifts in roles assignments in caring for the sick at the household level.</td>
<td>Raise the awareness of men and boys on shared responsibilities for health care at the household level.</td>
</tr>
</tbody>
</table>
Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the health cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

- Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors typically look for can be consulted in the IASC Gender Marker Tip Sheets. In the health tip sheet, examples of commitments include:

- Ensure that women, girls, men and boys benefit equally from training and other capacity-building initiatives,

- Ensure that male and female health providers are trained on the clinical management of rape;

- Design services to meet the needs of women, girls, men and boys equally by ensuring that teams of community health workers are gender-balanced.
4 Implementation and monitoring

Once the resources have been mobilized, the next stage of the HPC cycle is the implementation and monitoring of the programme.

Implementation

In order to ensure that health programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

- Tailor health programme activities to the specific health-related needs, capacities and priorities of all women and girls, men and boys.
- Inform women, girls, men and boys of the available resources and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of health programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the health programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table that follows).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

Good practice

Local assembly of clean delivery packages for birth can present a good opportunity to identify and organize women’s groups. Such groups can then encourage all pregnant women to deliver in a health facility and educate women about early recognition and referral for obstetric complications. The women’s group can make up the simple packages and distribute them to visibly pregnant women free of charge. This is particularly helpful because, as the women’s groups are part of the displaced population, they most likely already know which women are close to their delivery times and are in need of the materials. Those provided with the kits should also be informed about the nearest facilities and the importance of delivering with a skilled attendant so that they can pass this information on to other women they visit.

KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN HEALTH PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives, in particular informal networks of women, youth, people with disabilities and LGBTI groups, support their participation in programme design, delivery and monitoring and ensure that they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure that gender-related health considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation of women, girls, men and boys relating to the health sector and sex- and age-disaggregated data.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different, so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process that is accessible to women, girls, men and boys to develop community-based and sustainable health programmes.

» Strive for 50 per cent of health programme staff to be women. Distribute significant and appropriate roles such as health monitors and hygiene promoters equally between men and women.

» Ensure that women, girls, men and boys participate meaningfully in health sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary can speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
Participation (continued)

BE AWARE!

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decision-making, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (child care, risk of backlash, ease of movement, government ban on LGBTI individuals etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GBV prevention and mitigation

GOOD PRACTICE

» Follow the guidance provided on the health sector in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Prevention and response to GBV is a key cross-cutting priority in health programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Ensure provision for 24-hour access to GBV health-related services for survivors and additional referral mechanisms. These must protect confidentiality and ensure safety, security and non-discrimination. Obtain informed consent prior to performing a physical examination. Ensure that follow-up services are provided for survivors, including long-term mental health and psychosocial support as needed.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section B, page 86 for more information on this concept.)

» Employ and retain women and members of other at-risk groups as staff members.

» Train health staff on how to orient people to services towards GBV referral and identification of GBV (this should not include routine inquiry).

» Reduce protection risks by making sure that women, girls and other at-risk groups utilize the quickest and most accessible routes to health services.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN HEALTH PROGRAMMING (CONTINUED)

GBV prevention and mitigation (continued)

BE AWARE!
» Don’t share data that may be linked back to a group or an individual, including GBV survivors.
» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.
» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

GOOD PRACTICE
» Assess all health programming to ensure that gender-related considerations are included throughout.
» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people.
» Culturally appropriate mental and psychosocial support (i.e., psychological first aid) should be made available to all women, girls, men and boys.
» HIV/AIDS control and prevention services should be reinstated when disrupted by crises, including targeted messaging for women and men, active and demobilized members of the armed forces, IDPs and refugees.
» Maternal health care should be supported through emergency health kits for clean and safe deliveries for use by trained personnel, alongside emergency obstetric care (including transportation). Immediate postnatal (maternal and newborn) care should also be provided.
» Comprehensive abortion care should be provided in line with national laws.
» Distribute sanitary napkins/towels, female and male condoms, post-exposure prophylactic kits where necessary, emergency contraceptives and pregnancy tests.
» From the earliest stage of an emergency, the minimum initial service package for reproductive health should be in place.
» Designate and train specific health providers with clear responsibilities related to the care of survivors (e.g., triage, clinical care, mental and psychosocial support and referral) including specific protocols for compassionate and confidential care.
» Information on health, including health-related implications of GBV, should be included in community advocacy campaigns.
» Ensure that health information systems disaggregate data by sex and age.
BE AWARE!

» Ensure that an adequate number of female staff are trained on clinical management of GBV.

» Do not assume that all will benefit from health programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures to facilitate the access of vulnerable groups should be taken, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been victims of abuse such as rape or trafficking, or putting in place means that facilitate access for people with disabilities or certain LGBTI individuals who face discrimination. Any such measures should avoid the stigmatization of these groups.

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related health issues.

» Support gender equality for paid positions in the health workforce to promote women’s economic empowerment (including equal pay).

» Source materials for dignity kits from local women’s organizations groups.

» Promote women’s leadership in all health management committees and agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership in the health response.

» Engage women, girls, men and boys in non-traditional gender roles in health.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to take on leadership roles.

» Help establish women’s, girls’ and youth groups within the community and enable them to undertake leadership roles.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of health sector assistance for women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also address how the health programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see section B, pages 48–51). Monitoring for the health sector can, for example, measure birth rate results prior to and after providing family planning services, and measure cases of sexually transmitted infections prior to and after the distribution of condoms. Monitor rates of access such as the number of women attending pre-and postnatal care or the number of GBV survivors who received clinical management of rape care within the first 72 hours.

Monitor the health programme’s adherence to the “do no harm” principle: (see section B, page 86 for more information on this concept) conduct ongoing consultation with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects (e.g., aid workers assuming that people who appear resilient may not need psychosocial support can result in negative mental health outcomes). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These measures allow early identification of negative effects of the programme so they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.

Good practice

In West Darfur, midwives were identified as sexual violence protection “focal points” and let internally displaced women know they could approach these focal points confidentially; these focal points then referred women to receive medical care. In North Darfur, traditional birth attendants delivered messages on sexual violence to the community. In South Darfur, women’s health teams conducted community outreach to survivors of sexual violence.

5 Gender operational peer review and evaluation

The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities (See section B, page 58 for more information on this). Evaluation is a process that helps to improve current and future health programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women's leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Projects need to be reviewed based on equal participation and access to services by women, girls, men and boys, from the onset of programme planning to implementation. It is necessary to also assess gaps in programming, focusing on which women, girls, boys or men were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

KEY STANDARDS


KEY RESOURCES

8. UNFPA et al. Implementing comprehensive HIV and STI programmes with men who have sex with men. 2015, https://tinyurl.com/y9lhb3z
This chapter explains how to integrate gender equality into livelihood programming. You can find information on why it is important to incorporate gender equality and key standards and resources you can refer to for further detail on gender equality in livelihoods programming.

The chapter begins with an overall checklist which explain key actions which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design phase through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each phase. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in livelihoods programming?

Humanitarian crises have different impacts on the access by women, girls, men and boys to livelihoods, including the resources, assets, opportunities and strategies that people use to make a living. As crises can result in women taking on more unpaid care work, this can decrease their access to livelihood opportunities. Moreover, negative social norms and discriminatory laws and practices, such as the prohibition of women’s land ownership, may inhibit women’s ability both to work outside the home and to generate an income.

Within a response, livelihoods strategies should aim to build self-reliance and productive capacity amongst both women and men by strengthening the capacities, assets and strategies they use to make a living. Livelihoods programmes include non-formal education, skills training, income-generating activities, cash programming (such as food-for-work programmes), enterprise development, village savings and loan associations, microcredit, job placement programmes and agricultural and livestock support. Such programmes can promote women’s empowerment by offering safe alternatives for generating income, enhancing knowledge around livelihoods opportunities and empowering and fostering independence. When implementing livelihoods programmes, it is essential to consider additional care responsibilities at the household level; providing childcare and labour-saving technologies can be important in this regard.

Effectively integrating gender equality into livelihoods programming will achieve the following goals:

- **Safeguard human rights standards linked to sufficient livelihoods.** Understanding who suffers the most from the loss of livelihood assets during displacement is important to securing the rights to an adequate standard of living, to work, and to just and favourable conditions of work and thus avoid negative coping strategies.

- **Provide equal access to and control over productive resources.** Understanding who has access and control over productive resources and how this has been affected by the crisis will inform a gender-integrated livelihoods response in order to integrate gender equality. This includes identifying the skills that women and men possess — or need to develop — and matching these skills to available market opportunities. For example, a focus on restoring larger economic sectors dominated by men can leave behind crisis-affected women who may be concentrated in the small business and/or informal sector. It is important to recognize the role that women play in supporting established markets (e.g., fish or produce vendors). Another example is that microcredit programs have often targeted women as loan recipients. However, during programme monitoring it has frequently been found that the men have made the decisions about how the loan would be used and, not infrequently, those loans have been used to start the husband’s small enterprise rather than the wife’s.
• **Build safer communities.** Economic vulnerability can increase exposure to exploitation and sexual abuse within the work environment, from family members or other sources, including by aid workers. In the absence of access to formal jobs, many women work in the informal economy (such as collecting firewood), which can force them to travel to unsafe areas. It is key to identify current economic coping strategies employed by women, girls, men and boys, and build on the positive strategies while eliminating those that increase vulnerability. For example, adolescent boys and young men caught in crisis can resort to unsafe, hazardous work, such as illegal mining, unless they are targeted for opportunities that develop their employability skills. Because male partners may feel threatened or resentful of efforts to promote women’s economic empowerment, especially in humanitarian contexts where they may be unable to work themselves and thus fulfill the traditional “breadwinner” role, it is critical to integrate protection mechanisms against GBV within programmes. Coping in crisis contexts can have long-term implications for the future prospects of boys and girls (adolescents and sometimes children) who have to contribute to their household incomes, thereby restricting their access to education and other developmental opportunities.

• **Reduce barriers and risks related to livelihoods assistance.** Programme design should use strategies to lessen the risks sometimes related to registering for, participating in and benefiting from livelihoods programmes such as GBV and include monitoring to ensure the inclusion and safety of participants.

• **Address structural inequalities and promote women’s rights.** While crises can create risk and exacerbate inequalities, they can also provide opportunities for change. For example, by targeting women as well as men as income providers, livelihood programmes can promote joint decision-making in the use of income resources in male-led households.

• **Promote ownership and sustainability.** Ensuring equal opportunities for women and men in terms of ownership within livelihood programmes will promote sustainability. For example, village savings and loan programmes targeting women have had, in general, quite good success in keeping the funds in the hands of women. Women contribute monthly and the money is held in a locked box which stays in the hands of women. Money is disbursed on a rotating basis based on presented needs such as the burial of a family member, a child’s school fees or needed medical treatment.

**Integrating gender equality and livelihoods in the Humanitarian Programme Cycle**

This section outlines the necessary actions that front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies need to take to promote gender equality in the livelihoods sector at each stage of the HPC.
KEY GENDER EQUALITY ACTIONS FOR LIVELIHOODS PROGRAMMING
AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

1 Needs assessment and analysis
- Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to livelihoods.
- Conduct a gender analysis as part of livelihoods needs assessments and analyse findings.

2 Strategic planning
- Integrate gender equality into livelihoods programme design for the response, utilizing the findings from the gender analysis and other preparedness data.
- Ensure a demonstrable and logical link between the gender-specific needs identified for the livelihoods sector, project activities and tracked outcomes.
- Apply gender markers to livelihoods programme designs for the response.

3 Resource mobilization
- Apply gender markers to livelihoods programmes in the response.
- Include information and key messages on gender and the livelihoods sector for inclusion in the initial assessment reports to influence funding priorities.
- Report regularly on resource gaps to donors and other humanitarian stakeholders on gender within the livelihoods sector.

4 Implementation and monitoring
- Implement livelihoods programmes which integrate gender equality and inform women, girls, men and boys of the available resources and how to influence the project.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of livelihoods projects.
- Apply gender markers to livelihoods programmes in the response.
- Monitor the access to livelihoods assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or men and boys based on the assessed gaps and dynamics.

5 Gender operational peer review and evaluation
- Review projects within livelihoods sector and response plans. Assess which women and girls, men and boys were effectively reached and which were not and why.
- Share good practices around usage of gender markers and address gaps.
- Evaluate the impacts of livelihood interventions at the household level — increases in income, improved nutrition, improved access to education and healthcare, etc.
1 Needs assessment and analysis

**Gender analysis** takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. In addition to using sex- and age-disaggregated data (SADD), depending on the context, it can be important to disaggregate the data based on other diversity factors, such as ability, ethnicity, language spoken, level of income or education. Gender markers should be used in this phase to guide the needs assessment and analysis (see section B, pages 48–51 for more information on gender markers).

When collecting information for the livelihoods sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard livelihoods assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the livelihoods sector and assess how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. Ensure that the assessment aligns with good practice and key standards on coordination, participation and GBV prevention and mitigation and use a transformative approach as per the table on pages 256–257 on "Key approaches and standards for needs assessment and analysis in livelihoods programming".
SADD are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the livelihoods sector, it is important to collect SADD at the community, household and individual levels on skills, educational attainment, previous work experience, risk mitigation strategies and market access and opportunities. (See more on data in section B, pages 39–41.)

The following table summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or individual agency (with the emergency response coordinator accountable).

### KEY ASSESSMENT TOOLS:

- Women's Refugee Commission. Preventing Gender Based Violence, Building Livelihoods. 2015. https://tinyurl.com/y8g3o3b6
- WFP VAM. Gender Analysis in Market Assessments — Tools. https://tinyurl.com/y7mi5268
### Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
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<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager) <a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a> Infographic</td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the livelihoods sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming <a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a> Map and contact details of organizations working on gender in the country Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated <strong>comprehensive gender analysis</strong> building on pre-existing gender partnerships. Ensure that there is a baseline which captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports as well as gender country profiles such as those produced by WFP, WRC, ILO, Mercy Corps, Oxfam and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

**THE GENDER ANALYSIS FOR LIVELIHOODS SHOULD ASSESS:**

- **Population demographics:** What was the demographic profile of the population disaggregated by sex and age before the crisis? What has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles:** What were the roles of women, girls, men and boys relating to livelihoods? How have the roles of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, girls, men and boys in providing an income source for the household and how do they interact? How much time do these roles require? What gender barriers exist to accessing viable livelihood opportunities?

- **Decision-making structures:** What structures were the community and household using to make livelihood decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women, men and LBGTI individuals have an equal voice? How do adolescent girls and boys participate?

- **Protection:** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice? How do the livelihood opportunities available (or not available as the case may be) impact protection risks?

- **Gendered needs, capacities and aspirations:** What are the livelihood-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of how workloads have shifted as a result of the crisis including unpaid care work, past and current livelihoods practices as well as market or livelihood opportunities. It should look at who has access to and control over assets and market access, including which markets particular groups use (for example, perhaps older women or men rely on local markets in terms of accessibility.) It should also map the skills, education levels and previous work experience of women, men and adolescent girls and boys in order to match skills to market opportunities.
POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO LIVELIHOOD:

• Who (women, girls, men and boys) participated in unpaid care work (collecting water and firewood, caring for family members, washing clothes) pre-crisis and what role(s) and responsibilities did they have? Have these roles changed since the crisis? Do women or men shoulder more responsibility for this work than they did previously? Are these roles barriers to accessing livelihood opportunities?

• Who makes decisions about how resources are allocated in the household and household expenditures?

• What laws and practices exist with regard to land ownership, inheritance, access to land and education? Do these discriminate against women, men, girls or boys? Are certain kinds of livelihoods activities forbidden for women or men?

• What economic coping strategies have been adopted since the crisis, and are these putting women, men, girls or boys at risk? What are they?

• Are women, men and female, male and LGBTI youth participating in the market as vendors, suppliers, wholesalers and consumers? Are there barriers to full participation for each of these groups? Are there opportunities to strengthen participation?

• What are the main assets needed for sustainable livelihoods such as land, livestock, seeds, equipment, etc. and how has the crisis impacted women and men’s access to and control of these resources?

• What roles do women and men play in the agriculture, farming, fishing, trade and food supply sectors and how has these changed since the crisis?

• What skills and capacities do women, men and female, male and LGBTI youth possess that could contribute to strengthening or expanding the market? Does the available labour supply meet demand? What skills need to be developed further to meet market requirements?

• What risks do diverse women, girls, men and boys face when engaging in their current livelihood activities?

• Do economic programmes risk entrenching existing gender norms, e.g., only placing women in care roles? What are the risks of backlash associated with engaging women in economic empowerment programmes?
Coordination

GOOD PRACTICE

» Work with women’s rights organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality livelihoods programming.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

» Ensure an equal balance of men and women on the livelihoods assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of these groups particular needs relating to health.

» Undertake a participatory assessment with women, girls, men, boys and LGBTI individuals. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to livelihoods.

» Adopt community-based approaches building on existing community structures to promote the participation of women, girls, men and boys in livelihood activities.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

BE AWARE!

» Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
GBV prevention and mitigation

GOOD PRACTICE

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Train staff on how to orient people to GBV referral services.

BE AWARE!

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

Gender-adapted assistance

GOOD PRACTICE

» Identify groups with the greatest livelihoods support needs and the underlying factors that potentially affect livelihood status, disaggregated by sex and age.

» Assess the barriers to equitable access to livelihood programmes/services, disaggregated by sex and age.

BE AWARE!

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section on the previous page for further advice on this).

Transformative approach

GOOD PRACTICE

» Identify opportunities to challenge structural inequalities between women and men and to promote women’s economic empowerment.

» Invest in targeted action to promote women’s leadership, LGBTQI rights and reduction of GBV.

BE AWARE!

» Ensure that any negative effects of actions within the livelihoods programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
2 Strategic planning

Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the livelihoods sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed.

Gender markers should also be applied at this phase (see section B, pages 48–51 for more information). At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:

Good practice

During the last three decades, the arrival of Afghan refugees with their livestock in Pakistan has put pressure on forests and land resources for farming and grazing. Coupled with prolonged drought, this has created shortages of fodder and fuel, increasing women’s heavy work burdens. Although women contribute significantly to the agriculture sector, extension services are traditionally geared towards men. FAO engaged women extension workers to provide training in tree nursery management and entrepreneurship through open schools for women, building on their local knowledge and expertise. This approach has resulted in increased incomes and reduced work burden by increasing access to firewood and fodder for the participating households.

FAO, GENDER MAINSTREAMING AS A KEY STRATEGY FOR BUILDING RESILIENT LIVELIHOODS, 2016. HTTPS://TINYURL.COM/Y87SL6MB
### GENDER ANALYSIS QUESTIONS

**Who (women, girls, men and boys) participated in unpaid care work (collecting water and firewood, caring for family members washing clothes) pre-crisis and what role(s) and responsibilities did they have? Have these roles changed since the crisis? Do women or men shoulder more responsibility for this work than they did previously?**

**Are women and men participating equally in livelihoods programmes?**

**Do livelihood opportunities which have been provided since the crisis challenge structural gender inequalities?**

### ISSUES IDENTIFIED

- Women and girls largely responsible for unpaid care work, before and also since the crisis. The level of unpaid care work has increased since the onset of the crisis.

- Care work makes it difficult for women to engage in livelihoods activities.

- Women face barriers to accessing programmes as offered at times which do not take account of care work.

- Women, young women and young men do not feel safe participating in skills training and job placement programmes due to dangerous public transport and employer harassment.

- Livelihoods programmes reinforce traditional gender roles and stereotypes due to existing norms and lack of role models in non-traditional activities.

### SPECIFIC OBJECTIVES

**What specific objective is the operation intended to achieve?**

- Women have improved chances of joining livelihood programming and take up income-generating activities

- Women, young women and young men contribute to their own livelihoods

- Livelihoods programmes reinforce traditional gender roles and stereotypes due to existing norms and lack of role models in non-traditional activities.

### SPECIFIC OBJECTIVE INDICATORS

**Indicators that clearly show the specific objective of the operation has been achieved**

- Percentage of women who report taking up income-generating activities as a result of shared unpaid care at household level.

- Percentage of women, young women and young men who report providing for themselves.

- Percentage of women, young women and young men who report providing for themselves.

- Percentage of women, men, boys and girls who join non-conventional income-generating activities, disaggregated by type of activity.
**GENDER ANALYSIS**

**QUESTIONS**
- Issues identified
- Specific objectives

**SPECIFIC OBJECTIVE**
What specific objective is the operation intended to achieve?

**INDICATORS**
Indicators that clearly show the specific objective of the operation has been achieved

**EXPECTED RESULTS**
The outputs of the intervention that will achieve the specific objective

**EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)**
Indicators to measure the extent the intervention achieves the expected result

**GENDER-ADAPTED PROGRAMMING ACTIVITIES**

<table>
<thead>
<tr>
<th>Who (women, girls, men and boys) participated in unpaid care work (collecting water and firewood, caring for family members washing clothes) pre-crisis and what role(s) and responsibilities did they have? Have these roles changed since the crisis? Do women or men shoulder more responsibility for this work than they did previously?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women and girls largely responsible for unpaid care work, before and also since the crisis. The level of unpaid care work has increased since the onset of the crisis. Care work makes it difficult for women to engage in livelihoods activities. Women have improved chances of joining livelihood programming and take up income-generating activities. Percentage of women who report taking up income-generating activities as a result of shared unpaid care at household level. Livelihood interventions are designed as per the findings of the 24-hour daily work analysis. Provide childcare services to women engaged in livelihoods interventions. Men and boys take more active roles in unpaid care work in the household.</td>
</tr>
<tr>
<td>Number and percentage of hours females spend on unpaid household care compared to males</td>
</tr>
<tr>
<td>Women report (in focus group discussions) feeling confident to leave their children in the care of childcare services or other trusted individuals</td>
</tr>
<tr>
<td>Percentage of women, girls, men and boys who report shifts in conventional household chores being redistributed on the level of unpaid household care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conduct an analysis of household care work as part of broader livelihoods programming. The 24-hour daily work analysis can be used for this. Provide childcare alongside livelihoods programming. Raise the awareness of men and boys on shared responsibilities for unpaid household care work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihood interventions are designed as per the findings of the 24-hour daily work analysis.</td>
</tr>
<tr>
<td>Provide childcare services to women engaged in livelihoods interventions.</td>
</tr>
<tr>
<td>Men and boys take more active roles in unpaid care work in the household.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase access of women to livelihoods programming. Women, young women and young men feel safe in joining the labour market.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and percentage of women, girls, men and boys participating in each livelihood activity</td>
</tr>
<tr>
<td>Number and percentage of women and young women and young men who report being safe in joining the labour market</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Livelihoods programming targeting women takes place at appropriate times, taking into consideration their care roles. Conduct safety audits to identify where and when risks occur. Develop codes of conduct for employers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women, men, boys and girls access a wide spectrum of non-conventional livelihood sectors.</td>
</tr>
<tr>
<td>Women, girls, men and boys report (via focus group discussions) being interested in what non-conventional livelihoods have to offer and are not reluctant to join them</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Offer livelihood programming — vocational training, job placement — that challenges structural gender inequalities to women, girls, men and boys. Identify role models to champion roles which are non-traditional for each gender such as female construction workers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women, men, boys and girls access a wide spectrum of non-conventional livelihood sectors.</td>
</tr>
<tr>
<td>Women, girls, men and boys report (via focus group discussions) being interested in what non-conventional livelihoods have to offer and are not reluctant to join them</td>
</tr>
</tbody>
</table>
3 Resource mobilization

Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the livelihoods cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

- Livelihood actors may need to consider how the financial costs of an intervention are affected by the differing needs of men, women, boys and girls as evidenced in the needs assessment. For example, if a decision to use labour-saving technologies to reduce the care burden on women is made instead of other potential options, this may result in different costs.

- Use gender markers to assess how well a livelihoods programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information on gender markers).
4 Implementation and monitoring

Once the resources have been mobilized, the next stage of the HPC is the implementation and monitoring of the programme.

Implementation

In order to ensure that livelihoods programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

• Tailor programme activities to the specific livelihoods-related needs, capacities and priorities of all women and girls, men and boys.

• Inform women, girls, men and boys of the available resources and how to influence the programme.

• Develop and maintain feedback mechanisms for women, girls, men and boys as part of livelihoods programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should be taken into account to ensure access to all aspects of the livelihoods programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in the more detail in the table that follows).

• Coordination

• Participation

• GBV prevention and mitigation

• Gender-adapted assistance

• Transformative approach

Good practice

In the Philippines, a small de-hulling machine was designed because de-hulling was the most time-consuming and laborious activity of women’s post-harvest duties. The machine reduced women’s work time allowing them to carry out in a few minutes what would have taken several hours to do by hand.

FAO/WFP.2008. SEAGA FOR EMERGENCY AND REHABILITATION PROGRAMMES SOCIO-ECONOMIC AND GENDER ANALYSIS HTTPS://TINYURL.COM/Y8F2PFOE.PDF MODULE 7 P 14
**Good practice**

In Beirut, an organization called MOSAIC is mapping ways to improve access of LGBTI refugees to employment and vocational training, for instance by making calls to investigate potential job placement opportunities for transgender women. This is an example of the targeted, specialized role that host community LGBTI organizations can play in filling protection gaps.

One of the key recommendations from this research, carried out by the Women's Refugee Commission on refugees in urban contexts, was that addressing the difficulty of urban refugees in obtaining safe and stable housing and livelihoods is a foundational component of urban protection and GBV risk mitigation. Exploitation, discrimination and various forms of GBV are routine. Direct advocacy is needed at the local level to assist refugees seeking housing, identify potential employers and develop a multifaceted response to the exploitation of refugee workers.

WOMEN'S REFUGEE COMMISSION: MEAN STREETS: IDENTIFYING AND RESPONDING TO URBAN REFUGEES' RISKS OF GENDER-BASED VIOLENCE P85 AND P2
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN LIVELIHOODS PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in livelihoods programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure that gender-related livelihoods considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation of women, girls, men and boys relating to the livelihoods sector and sex- and age-disaggregated data.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process that is accessible to women, girls, men and boys as well as LGBTI individuals, people with disabilities and other minority groups.

» Strive for 50 per cent of livelihoods programme staff to be women.

» Ensure that women, girls, men and boys participate meaningfully in livelihoods sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Carry out orientation programmes before skills training for women to ensure that their participation is meaningful.

» Women and girls must be able to voice their concerns regarding the livelihood programme in a safe and open environment and if necessary can speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall livelihood programme and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.
Participation (continued)

BE AWARE!

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situation and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community, are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban on open LGBTI groups etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups in livelihood activities, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that livelihood activities are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GOOD PRACTICE

» Follow the guidance provided on livelihoods in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian response.

» Do no harm: Identify early potential problems or negative effects by consulting with women, girls, men and boys, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section B, page 86 for more information on this concept.)

» Create links between participants in livelihoods activities and trustworthy vendors, transport companies and end markets.

» Employ and retain women and other at-risk groups as staff members.

» Train staff on how to orient people on GBV referral services.

» Reduce protection risks by making sure women and girls utilize the quickest and most accessible routes to access livelihoods programmes or markets, ensuring for example well-lit roads and safe transportation.

» Take measures to prevent sexual exploitation and abuse by humanitarian actors.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN LIVELIHOODS PROGRAMMING (CONTINUED)

GBV prevention and mitigation (continued)

BE AWARE!

» Avoid promoting livelihood activities that expose women to risks (such as collecting firewood from unsafe areas) and avoid livelihood activities at night.

» Don't share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors. Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Do not make assumptions about which groups are affected by GBV, and don't assume that reported data on GBV or trends in reports represent actual prevalence and trends in the extent of GBV.

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

GOOD PRACTICE

» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all livelihoods programming to ensure that gender-related considerations are included throughout.

» Work with financial providers to design product models (credit, savings, micro-insurance etc.) to reach women or men who are not yet benefiting.

» Support women's farming collectives and identify opportunities for women's economic empowerment within value chains.

» Support women's involvement in both subsistence and cash crops.

» When women face mobility restrictions, promote livelihood activities that can be carried out within the covered living space or adjacent area.

» Support the inclusion of women from different diversity groups in cooperatives and women only cooperatives.

BE AWARE!

» Do not assume that all will benefit equally from livelihoods programming. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Ensure that vocational training programmes do not perpetuate negative gender-based social norms and stereotypes.

» Special measures to facilitate the access of vulnerable groups to livelihoods activities should be taken, while considering the context, social and cultural conditions and behaviours of communities.
Transformative approach

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related livelihoods issues.

» Promote women’s leadership in all livelihoods management committees and agree on representation quotas for women with the community prior to any process for elections.

» Encourage women’s participation in shelter construction to offer them greater financial independence and additional livelihood skills.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Implement asset-building programmes that strengthen human, social, and financial resources for adolescent girls to provide a foundation for livelihoods opportunities.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership within the livelihood programme.

» Engage women, girls, men and boys in non-traditional gender livelihood roles.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to take on leadership roles within their livelihood activities.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of livelihoods sector assistance by women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also look at how the livelihoods programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use gender markers (see section B, pages 48–51) to assess how well a livelihoods programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process.

Monitoring for the livelihoods sector can, for example, measure the extent to which women in small businesses benefited from a mentoring programmes or the benefits of a role model programme perceived by young men and women exposed to people in roles not traditionally associated with their gender such as male nurses and female construction workers. Monitor rates of participation in vocational training by sex and age, household income or the proportion of households reporting joint decision-making on household income expenditure.

Monitor that the livelihoods programme’s adherence to the “do no harm” principle (see section B, page 86 for more information on this concept): Conduct ongoing consultation with women, girls, men and boys and undertake observation/spot checks to identify early potential problems or negative effects (e.g., timing and location of vocational training sessions that put women and girls at increased risk of violence). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information). These measures allow early identification of negative effects of the programme so that they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys of different ages and abilities as well as build/strengthen their capacities. (See section B, page 58 for more information.) Evaluation is a process that will help to improve current and future livelihood programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women's leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review the livelihood programme’s methodologies and processes to determine good practice in providing equal assistance to women and men. Livelihood programmes need to be reviewed based on equal participation in and access to livelihood activities by women, girls, men and boys of different ages and abilities, from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


**KEY RESOURCES**


Good practice

During its Indian Ocean tsunami response in Indonesia, Sri Lanka, India, the Maldives, Myanmar, Thailand and Somalia, Oxfam distributed boats, one of the most significant assets to fishing communities. An evaluation highlighted that the boats were distributed primarily to men across the tsunami response, but Oxfam and its partners did strive for gender equity by promoting some distribution to women. This received a mixed response and required significant work to engender community acceptance of women’s access to these traditional male assets. It was suggested that Oxfam might not have appreciated the significance both of the social change it was promoting through its support of women’s fisheries and the support required to ensure that women would benefit.

“It is not part of their culture and custom to engage women in fishing; sensitization of men and women is required to change their attitudes. This may take a long time and concerted efforts.”

This chapter explains how to integrate gender equality into nutrition programming. You can find information on why it is important to incorporate gender equality in nutrition programming as well as key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for a nutrition programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each one of those phases. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in nutrition programming?

Humanitarian crises have different impacts on the levels of nutrition available to women, girls, men and boys. Gender inequality for women and girls hampers their ability to access adequate and consistent amounts of nutritious food to meet their own needs as well as those of their families. Prevailing social norms mean that where food is in short supply, women and girls are likely to reduce their food intake, while men and boys are favoured. During a humanitarian crisis, the links between nutrition and risk of GBV can become more pronounced. Constraints on women’s mobility can also hamper their access to food distribution sites.

Pregnant or lactating women may be disproportionately affected by undernutrition due to their increased physiological nutritional needs. Single men and boys who have been separated from their families can also be at risk of undernutrition if they are unable to cook or access food distribution.

Increased availability of nutritious food coupled with improved access to adequate health and water, sanitation and hygiene (WASH) services reduces levels of acute and chronic malnutrition for women, girls, men and boys.

Effectively integrating gender equality into nutrition will achieve the following goals:

• **Protect the right to security, nutrition and dignity for all and build safer communities.** By meeting the nutrition needs of all women, girls, men and boys, programmes reduce the need for crisis-affected people to engage in risky coping strategies such as reducing their nutritional intake or undertaking transactional sex. This in turn reduces associated risks of GBV, exploitation, social stigma, unwanted pregnancies and sexually transmitted infections such as HIV/AIDS.

• **Improve outcomes for children born in crisis contexts.** Prioritising nutrition support for pregnant and lactating mothers and advocating breastfeeding practices provides the best nutritional and developmental prospects for children born in crisis contexts. In addition, helping families to meet their household nutrition needs can reduce the practice of forced child marriage for girls, a coping strategy to access more food for girls and their families.

• **Respect the right to meaningful participation.** Consulting women, girls, men and boys without discrimination on the provision of nutrition services and facilities upholds rights and ensures appropriate service provision. For example, consultation can lead to the creation of infant and young child feeding centres that provide private spaces for breastfeeding mothers and offer a safe haven from harassment and violence.

**Integrating gender equality and nutrition in the Humanitarian Programme Cycle**

This section outlines the necessary actions front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies need to take to promote gender equality in the nutrition sector at each stage of the HPC.
KEY GENDER EQUALITY ACTIONS FOR NUTRITION PROGRAMMING AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

1 **Needs assessment and analysis**
   - Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to nutrition.
   - Conduct a gender analysis as part of nutrition needs assessments and analyse the findings.

2 **Strategic planning**
   - Integrate gender equality into nutrition programme design for the response, utilizing the findings from the gender analysis and other preparedness data.
   - Ensure a demonstrable and logical link between the gender-specific needs identified for the nutrition sector, project activities and tracked outcomes.
   - Apply gender markers to nutrition programme designs for the response.

3 **Resource mobilization**
   - Apply gender markers to nutrition programmes in the response.
   - Include information and key messages on gender and the nutrition sector for inclusion in the initial assessment reports to influence funding priorities.
   - Report regularly on resource gaps on gender within the nutrition sector to donors and other humanitarian stakeholders.

4 **Implementation and monitoring**
   - Implement nutrition programmes which integrate gender equality and inform women, girls, men and boys of the available resources and how to influence the project.
   - Develop and maintain feedback mechanisms for women, girls, men and boys as part of nutrition projects.
   - Apply gender markers to nutrition programmes in the response.
   - Monitor the access to nutrition assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or men and boys based on the assessed gaps and dynamics.

5 **Gender operational peer review and evaluation**
   - Review projects within the nutrition sector and response plans. Assess which women and girls, boys and men were effectively reached and which were not and why.
   - Share good practices around the usage of gender markers and address gaps.
Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to undertake a gender analysis at any stage of an emergency. In addition to using sex- and disability-disaggregated dates (SADD), depending on the context, it can be important to disaggregate the data based on other diversity factors, such as ability, ethnicity, language spoken, level of income or education.

Gender analysis is key for the nutrition sector. In some contexts, the decision to bring a child to medical/nutrition consultation or have a child hospitalized (with often implied disruption in the family’s life, as the mother or elder children will need to stay by the child’s side) is often taken by the head of household (father) or elders (mother-in-law or mother of the head of household), without the mother of the child being able to express her own will on the matter. Yet, it is mothers who mostly benefit from health education sessions and are capacitated to detect health or nutrition issues. To tackle this issue, it is therefore crucial to empower women in these communities to have a say on these issues, and to include decision makers at the household level in information/awareness-raising sessions on health and nutrition.

SADD are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the nutrition sector, it is important to gather information on the functioning of the health system as food responses are often delivered through existing health structures. Data should be disaggregated by gender and age, e.g., for infants 0–6 months, 6–12 months and 12–24 months and for people over age 60, as older men and women can be at high risk of malnutrition but are often excluded from nutrition programmes. These data can be used to develop an overview of nutrition issues in the affected area by age and gender (including populations at higher risks).

The following table summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or individual agency (with the emergency response coordinator accountable).

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**KEY ASSESSMENT TOOLS:**

- IASC Gender Marker Tip Sheet: https://tinyurl.com/bodimcg
# Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the government and United Nations agencies.</td>
<td>Snapshot (6 pager)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infographic</td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction.</td>
<td>Briefing note (2 pager)</td>
</tr>
<tr>
<td></td>
<td>Identify opportunities for coordination with existing organizations working on gender issues.</td>
<td>identifying strategic entry points for linking humanitarian programming to existing gender equality programming</td>
</tr>
<tr>
<td></td>
<td>Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the nutrition sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</td>
<td><a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Map and contact details of organizations working on gender in the country</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rapid gender analysis report</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles such as those produced by UNICEF, WFP, Save the Children, International Medical Corps and others. These should be supplemented with participatory data collection from women, girls, men and boys affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

When collecting information for the nutrition sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard nutrition assessments can be adapted to put emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the nutrition sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. Ensure that they align with good practice and key standards on coordination, women’s participation and GBV prevention and mitigation as per the table on pages 282–283 on “Key approaches and standards for needs assessment and analysis in nutrition programming”.

THE GENDER ANALYSIS FOR THE NUTRITION SECTOR SHOULD ASSESS:

- **Population demographics**: What was the demographic profile of the population disaggregated by sex and age before the crisis? What has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles**: What were the roles of women, girls, men and boys relating to nutrition before the crisis? How have the roles of women, girls, men and boys relating to nutrition changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

- **Decision-making structures**: What structures did the community use to make decisions relating to nutrition before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

- **Protection**: What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations**: What are the nutrition-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of whether nutritional requirements are being met for specific groups, for example, women and girls sometimes eat only after the men and boys and if there is not much food available, they reduce their consumption or go without. It should also include an assessment of breastfeeding practices. Women may fail to breastfeed due to perceptions that breast-milk substitutes are better or because they have neither time nor support.
POSSIBLE QUESTIONS FOR A GENDER ANALYSIS FOR NUTRITION:

• Do sex- and age-disaggregated data on nutritional status or mortality data indicate that women, girls, boys or men are disproportionately affected by poor nutrition? Have women, girls, men or boys been affected differently by the crisis? How do other factors that intersect with gender such as caste or disability have an impact on nutrition status?

• How does household control over resources impact on who decides what is eaten and how much within the family? Do certain members of the family eat first and most? Who determines household spending on food? How do socio-cultural practices affect the nutritional status of women, girls, men and boys? Are there differences in breastfeeding practices for girl or boy babies?

• What are the distinct roles of women, girls, men and boys in food collection, storage and cooking? What has changed since the crisis?

• Who is most at risk for nutritional problems? Are the specific nutritional requirements of infants, older people, persons with disabilities, pregnant and lactating women and HIV/AIDS patients being met? What are child feeding practices? What has changed due to the crisis? Do food baskets meet specific needs?

• Are there secluded spaces for breastfeeding, especially in crowded locations or camps? Are they safe to access?

• Do women, girls, men and boys have equal access to food? Are female-headed households accessing sufficient food? Are there any social norms which prevent access for certain genders or ages?

• What are the cooking fuel needs of women, adolescent girls and other at-risk groups?
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN NUTRITION PROGRAMMING

Coordination

GOOD PRACTICE

» Work with women’s rights and LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality in nutrition programming.

» Levels of nutrition among an affected population concern not only food security but are also dependent on the provision of and access to WASH, health (including HIV/AIDS), education, protection and many other humanitarian services.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

» Ensure an equal balance of men and women on the nutrition assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to nutrition.

» Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to nutrition.

» Adopt community-based approaches that build on existing community structures to motivate the participation of women, girls, men and boys in the response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.
**Participation (continued)**

**BE AWARE!**

» Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (child care, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

**GBV prevention and mitigation**

**GOOD PRACTICE**

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Train staff on how to refer people to GBV services.

**BE AWARE!**

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.
Gender-adapted assistance

**GOOD PRACTICE**

- Identify groups with the greatest nutritional support needs and the underlying factors that potentially affect nutritional status, disaggregated by sex and age.
- Assess the barriers to equitable access to nutrition programmes/services, disaggregated by sex and age.

**BE AWARE!**

- To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section on pages 282–283 for further advice on this).

Transformative approach

**GOOD PRACTICE**

- Identify opportunities to challenge structural inequalities between women and men, and to promote women’s leadership.
- Invest in targeted action to promote women’s leadership, LGBTI rights and reduction of GBV.

**BE AWARE!**

- Ensure that any negative effects of actions within the nutrition programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the nutrition sector, thus ensuring that the identified needs are addressed.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed.

Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:
<table>
<thead>
<tr>
<th><strong>GENDER ANALYSIS QUESTIONS</strong></th>
<th><strong>ISSUES IDENTIFIED</strong></th>
<th><strong>SPECIFIC OBJECTIVES</strong></th>
<th><strong>SPECIFIC OBJECTIVE INDICATORS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do women, girls, men and boys have equal access to sufficient and culturally appropriate nutrition, health and WASH programmes and services?</td>
<td>Barriers to women’s mobility affect their ability to attend nutrition and health services or distribution sites or water points. Elderly people, persons with disabilities and young or sick children cannot walk to the nutrition and health services or water points. Opportunity cost of using services perceived as too high (e.g. lost revenue due to planting season).</td>
<td>Increased access to nutrition services either via direct attendance or through delivery of services among the most vulnerable.</td>
<td>Number and percentage of at-risk groups that gain access to nutrition services via one of the distribution channels.</td>
</tr>
<tr>
<td>What gender/age and other diversity-linked beliefs and practices such as food taboos prevent access?</td>
<td>In some contexts, certain groups (people with disabilities, infants) lack access to specific nutritious foods (eggs, meat, etc.) due to social and cultural beliefs and taboos.</td>
<td>Increased access to nutrition services due to elimination of social beliefs and cultural taboos.</td>
<td>Percentage of women, girls, men and boys who access nutrition services as a result of elimination of social beliefs and cultural taboos.</td>
</tr>
<tr>
<td>What is the nutritional status of pregnant and lactating women?</td>
<td>Nutritional status of girls and women of reproductive age deteriorates leaving both them and any foetus at increased risk of miscarriage, birth defects, pre-term labour, low-birth weight, etc.</td>
<td>Improved nutritional status of women of childbearing age, pregnant and lactating women and their babies. Improved expectations of taking the pregnancy to term.</td>
<td>Percentage of women and babies with health results within the margins of accepted nutrition standards e.g. Sphere Project. Number and percentage of assisted pregnant women who take the pregnancy to term.</td>
</tr>
<tr>
<td>EXPECTED RESULTS</td>
<td>EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)</td>
<td>GENDER-ADAPTED PROGRAMMING ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td>The outputs of the intervention that will achieve the specific objective</td>
<td>Indicators to measure the extent the intervention achieves the expected result</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low attendance barriers are addressed and solutions are offered to reach the most vulnerable. Women, girls, men, boys and people with disabilities are more aware of the importance of proper nutrition interventions.</td>
<td>Number of distribution channels identified to reach at-risk groups Percentage of women, girls, men and boys and people with disabilities who report being aware of the importance of proper nutrition interventions</td>
<td>Develop special transportation arrangements and service delivery methods to ensure access for beneficiaries identified as facing barriers to access. Develop and deliver a communication campaign on the importance of accessing nutrition services.</td>
<td></td>
</tr>
<tr>
<td>Women, girls, men and boys are aware of the non-scientific justification of cultural beliefs and taboos.</td>
<td>Number and percentage of people participating in activities addressing food taboos Women, girls, men and boys report (in focus group discussions) being convinced that cultural beliefs and taboos are not supported by scientific justification</td>
<td>Develop and deliver a communication campaign addressing harmful traditions and/or taboos.</td>
<td></td>
</tr>
<tr>
<td>High-risk groups have regular access to fortified food, vitamins and other micronutrients.</td>
<td>Number and percentage of women and adolescent girls in high-risk groups who have access to fortified food, vitamins and micronutrients</td>
<td>Regular distribution of foods fortified with iron, vitamins and other micronutrients for high-risk groups, including women of childbearing age and pregnant and lactating women.</td>
<td></td>
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</tbody>
</table>
Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

• Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

• To mobilize resources around priority actions, support the nutrition cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

• Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors typically look for can be consulted in the IASC Gender Marker Tip Sheets. In the nutrition tip sheet, examples of commitments include:

• Analyse the impact of the crisis on women, girls, men and boys, ensuring that all strategies include a gender analysis, i.e., identification of the differences in nutritional requirements, feeding practices and access to nutritional services for women, girls, men and boys;

• Take specific actions to prevent GBV;

• Ensure that women and men benefit equally from training or other skills development;

• Ensure that father and mothers are targeted equally by food education activities.
Once the resources have been mobilized, the next stage of the HPC cycle is the implementation and monitoring of the programme.

**Implementation**

In order to ensure that nutrition programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

- Tailor programme activities to the specific nutrition-related needs, capacities and priorities of all women and girls, men and boys.
- Inform women, girls, men and boys of the available resources and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of nutrition programming.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the nutrition programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table that follows).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

**KEY MONITORING TOOL:**

- IASC Gender Marker Tip Sheet
  https://tinyurl.com/bodlmog
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN NUTRITION PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure that gender-related nutrition considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation of women, girls, men and boys relating to nutrition, and sex- and age-disaggregated data.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process that is accessible to women, girls, men and boys to develop community-based and sustainable nutrition-related services and distribution of supplies.

» Strive for 50 per cent of nutrition programme staff to be women, including health workers at therapeutic feeding centres at facility and community levels.

» Ensure that women, girls, men and boys participate meaningfully in nutrition sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
**Participation (continued)**

**BE AWARE!**

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community, are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI groups in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

**GBV prevention and mitigation**

**GOOD PRACTICE**

» Follow the guidance provided on nutrition in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Prevention and response to GBV is a key cross-cutting priority in nutrition programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Given that most nutrition programmes in emergencies target vulnerable groups, including pregnant and lactating women, adolescent girls and children under five, nutrition actors are particularly well-positioned to monitor the safety needs of women, girls and other at-risk groups, as well as refer survivors to the support services they need.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks and where appropriate, using transect walks around distribution points. (See section B, page 86 for more information on this concept.)

» Where possible, locate nutrition facilities next to women-, adolescent- and child-friendly spaces and/or health facilities.

» Employ and retain women and members of other at-risk groups as staff members.

» Train staff on how to orient people towards GBV referral services. Include a caseworker who is specialized in GBV case management as part of nutrition staff.

» Reduce protection risks by ensuring that nutrition services such as outpatient/inpatient care at therapeutic feeding centres are not located near areas that present security risks.
GBV prevention and mitigation (continued)

BE AWARE!

» Don’t share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

GOOD PRACTICE

» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all nutrition programming to ensure that gender-related considerations are included throughout.

» Support, protect and promote exclusive breastfeeding through training of providers and information campaigns.

» Train community nutrition health workers on the gender dimensions of health and nutrition and gender-sensitive service delivery.

» Give priority to pregnant and breastfeeding women to access food and integrate skilled breastfeeding counselling in interventions that target pregnant and breastfeeding women and children aged 0–24 months.

» Be aware that some groups may have different dietary needs.

» Include actions to address infrastructure and services (such as separate lines (queues) for women and men).

BE AWARE!

» Do not assume that all will benefit equally from nutrition programming. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys. For example, ensure equal access to micronutrient-rich foods and vitamin A supplementation.

» Special measures to facilitate the access of vulnerable groups should be taken, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuse such as rape or trafficking, or putting in place means that facilitate access for people with disabilities. Any such measures should avoid the stigmatization of these groups.
Transformative approach

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related nutrition issues, and work together to demonstrate the collective benefits of nutrition for the whole community when women have improved nutritional outcomes.

» Promote women’s leadership in all nutrition committees and agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership.

» Engage women, girls, men and boys in non-traditional gender roles in the nutrition programme.

» Support women to enable them to build their negotiating skills and strategies and support them to become role models within their communities by working with them and encouraging them to take on leadership roles within the nutrition programme.

BE AWARE!

» Attempting to change long-held gender dynamics in a society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of nutrition sector assistance by women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also look at how the nutrition programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. **Sex- and age-disaggregated data** (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see section B, pages 48–51 for more information).

Monitor whether the nutrition programme adheres to the “do no harm” principle (see section B, page 86 for more information on this concept): conduct ongoing consultation with women, girls, men and boys and undertake observation/spot checks to identify early potential problems or negative effects. Where possible, use transect walks around nutrition centres and/or distribution sites and ask the following: Is the route enclosed or far, and is visibility affected by overgrown vegetation? Is it too crowded? Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information). These measures allow early identification of negative effects of the programme so that they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities (see section B, page 58 for more information). Evaluation is a process that helps to improve current and future programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation of and access to services by women, girls, men and boys from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


**KEY RESOURCES**

This chapter explains how to integrate gender equality into protection programming. You can find information on why it is important to incorporate gender equality in protection programming and key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for a protection programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each one of those phases. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in protection programming?

While humanitarian emergencies heighten protection needs for everyone, women, men, boys, girls and LGBTI persons often are exposed to distinct protection risks due to gender roles and expectations. Women and girls may have more limited resources and less access to information, and men and boys may be more at risk of being recruited into armed groups. Crisis settings can weaken or collapse the usual informal and official protection mechanisms.

Only by integrating gender can we ensure that planning and programming reflect the protection needs of women, girls, men and boys, especially the most vulnerable, without discrimination.

In 2013, the IASC made a formal commitment to place protection at the centre of humanitarian action, with an age, gender and diversity approach as the core element of fair and equal protection. In practical terms, this means identifying who is at risk throughout all stages of crisis preparedness, response and recovery and understanding why these people are at risk.

Effectively integrating gender into protection programming will achieve the following goals:

- **Ensure the rights of women, girls, men and boys to a life free from violence and abuse.** Holistic and effective protection services that are gender- and age-sensitive are crucial in ensuring full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law (i.e., human rights law, international humanitarian law and refugee law) in humanitarian emergencies.

- **Provide access to documentation and registration.** The provision of personal documentation increases access by women, girls, men and boys to humanitarian assistance. These registration exercises should be promoted at the individual level.

- **Enhance access to justice and accountability.** Providing legal assistance assists survivors of violence, exploitation or abuse in accessing justice. By ensuring that violent acts and other crimes against vulnerable people do not go unpunished, we can help to deter repeat offenders and underscore the social costs of such behaviours.

- **Enhance security from protection threats to women, girls, men, boys and LGBTI individuals.** Training police, security forces and mine-clearance personnel on protection issues and the rights of crisis-affected women and girls (especially displaced persons and refugees), implementing mandatory codes of conduct and advocating for including women in their ranks, can greatly improve the ability to protect and serve.

- **Counter harmful cultural practices and social stigma.** Collaboration with community and religious leaders and representatives of civil society, including women's groups, reduces the acceptance of harmful practices such as female genital mutilation/cutting (FGM/C) and child marriage. It can also counter blaming and stigmatization of victims, thereby encouraging survivors of violence and/or sexual abuse or exploitation to seek support and assistance, by ensuring the existence of quality services beforehand.
Key facets of protection: housing, land and property, mine action, gender-based violence and child protection

In protection programming, gender is a crucial consideration across all protection facets, including:

- **Housing, land and property.** Pre-existing gender inequality regarding ownership of housing, land and property can deepen in humanitarian contexts, leaving women and girls at increased risk of violence. They are at a disadvantage in accessing relief services and being able to return to their pre-crisis lives. For example, where women have few rights to owning housing, land and property, they will have limited opportunities for recourse upon their return if they were forced to leave due to conflict or a natural disaster. In other cases, where there is a limited supply of adequate housing, female-headed households may find themselves marginalized when it comes to housing allocation, or perhaps they do not have the ability or means to construct adequate housing even if they have access to land. In such scenarios, women and children are at heightened risk of violence, exploitation, abuse and the debilitating effects of poor housing conditions. Housing, land and property programmes identify specific links between gender and GBV relating to these issues.

- **Mine action.** The understanding of different gender roles is key to enhancing the effectiveness of the different pillars of mine action: demining; mine-risk education; victim assistance; advocacy; and stockpile destruction. Demining involves surveying, mapping and marking contaminated grounds, followed by releasing land through survey or clearance. Women, girls, men and boys often have distinct roles and mobility patterns within a community. Consequently, their exposure and knowledge of explosive remnants of war (ERW), hazards and risks will differ, as will the information on contamination they may possess. It is crucial that mine-action personnel seek inputs from all gender and age groups to know where and when people go in their daily lives and what they are doing — farming, collecting water or firewood, going to school — so that risks can be identified and reduced and comprehensive information on contamination and priorities for clearance is collected during surveys. Furthermore, when land is released by mine-action organizations, care must be taken not to exacerbate gender inequalities and discrimination against marginalized groups by inadvertently facilitating land grabbing or appropriation of the released area. Communication activities to improve awareness and knowledge of the risks of landmines and ERW need to consider how to effectively access and target women, girls, men and boys according to their specific needs. The humanitarian mine action sector also works to support the recovery and reintegration of survivors of landmines and ERW. Women, girls, men and boys are affected differently by landmines, in terms of both direct and indirect victimization. For example, female survivors might experience greater difficulty in obtaining medical care and rehabilitation, psychosocial support and social and economic reintegration. The indirect victims (often women and girls) will often care for the survivors and take on the additional burden of providing for the family if the household breadwinner is injured, reducing their access to income-generating opportunities, or is killed by a landmine or other explosive item.

- **Gender-based violence.** GBV is any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e., gender) differences between males and females. GBV includes intimate partner violence and other forms of domestic violence, sexual violence as a weapon of war, forced and/or coerced prostitution, child and/or forced marriage, FGM/C, female infanticide and trafficking for sexual exploitation and/or forced/ domestic labour. Rooted in unbalanced power relations between men and women, women and girls and especially transgender women and men can be at particular risk of GBV. However, GBV can also be committed against men and boys, e.g., sexual violence committed in armed conflict aimed at emasculating or feminizing the enemy. Displacement — whether to urban settings, informal settlements, host communities or camps — also presents new risks, which may in turn contribute to the risk of GBV. Targeted or "stand-alone" GBV prevention and mitigation protection activities during a humanitarian emergency include ensuring that all protection monitoring activities incorporate an investigation of security issues that might heighten the risk of GBV; implementing strategies that safeguard those at risk of GBV during documentation, profiling and registration processes; building the capacities of national and local security and legal/justice sector actors to prevent, mitigate and respond to GBV; and promoting access to justice for and ensuring care and protection of survivors.
**Child protection risks can rise in emergencies** due to the lack of rule of law, the breakdown of family and community protective mechanisms, children's limited power in decision-making and their level of dependence. The strain on adults caused by humanitarian crises may increase children's risk of domestic violence. Children and adolescents are also at risk of being exploited by persons in authority (e.g., through child labour, commercial sexual exploitation, etc.). Proximity to armed forces, overcrowded camps and separation from family members further contribute to an increased risk of violence. Gender plays a significant role in how children are treated within families and communities. Girls and boys can be at risk of different types of domestic violence, child labour, sexual abuse and exploitation and trafficking. Girls can also be at risk of FGM/C and child marriage where these still exist as cultural practices. When establishing programmes aimed at preventing, mitigating and responding to GBV against children and adolescents, child protection actors should remain attentive to how the particular needs and vulnerabilities of girls in emergency settings may differ from the needs and vulnerabilities of boys. Efforts to address violence against children and adolescents will be most effective when there is a thorough analysis of gender-related risk and protective factors. Because girls are often invisible in disarmament, demobilization and reintegration programmes, consideration should be given to segregating detention facilities by age and gender.

**Integrating gender equality and protection in the Humanitarian Programme Cycle**

This section outlines the necessary actions front-line humanitarian actors from United Nations agencies, local and international NGOs and government agencies should take to promote gender equality in protection at each stage of the HPC.

LGBTI refugees and service providers acknowledged that within the LGBTI refugee population, those whose outward appearances suggest a diverse (i.e., non-heteronormative) sexual orientation or gender identity are most at risk of violence. This is especially true of transgender women. Since LGBTI refugees are not a homogenous group, considering each subgroup separately is essential to shining a light on the nature of their respective vulnerabilities and protection needs. For instance, transphobia may exist where homophobia does not, including among members of the LGBTI refugee community. Trends in experiences may also be different: for instance, although gay men in Beirut shared that they do not feel safe walking around certain areas of the city and fear being stopped by the police, they do not, on average, experience anywhere near the level of daily violence faced by transgender women. Lesbians are a particularly hidden population, often targeted for violence within their families and subjected to “corrective” measures such as rape and forced marriage. These distinctions, and those further discussed below, highlight that enhancing protection for lesbian, gay, bisexual, transgender and intersex refugees, respectively, will often require different entry points, tailored action plans and targeted, proactive outreach.”
KEY GENDER EQUALITY ACTIONS FOR PROTECTION PROGRAMMING AT EACH STAGE OF THE HUMANITARIAN PROGRAMME CYCLE

1 Needs assessment and analysis
- Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to protection.
- Conduct a gender analysis as part of protection needs assessments and analyse the findings.

2 Strategic planning
- Integrate gender equality into protection programme design for the response, utilizing the findings from the gender analysis and other preparedness data.
- Ensure a demonstrable and logical link between the gender-specific needs identified for the protection sector, project activities and tracked outcomes.
- Apply gender markers to protection programme designs for the response.

3 Resource mobilization
- Apply gender markers to protection programmes in the response.
- Include information and key messages on gender and the protection sector for inclusion in the initial assessment reports to influence funding priorities.
- Report regularly on resource gaps on gender within the protection sector to donors and other humanitarian stakeholders.

4 Implementation and monitoring
- Implement protection programmes which integrate gender equality and inform women, girls, men and boys of the resources available and how to influence the project.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of protection projects.
- Apply gender markers to protection programmes in the response.
- Monitor the access to protection assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or boys or men based on the assessed gaps and dynamics.

5 Gender operational peer review and evaluation
- Review projects within protection sector and protection response plans. Assess which women and girls, men and boys were effectively reached and which were not and why.
- Share good practices around usage of gender markers and address gaps.
1 Needs assessment and analysis

**Gender analysis** takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. When collecting information for the protection sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys.

Standard protection assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men, boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the protection sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. Assessments should align with good practice and key standards on coordination, women’s participation and GBV prevention and mitigation as per the table on pages 306–307 on "Key approaches and standards for needs assessment and analysis in protection programming”.

**Sex- and age-disaggregated data (SADD)** are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). For the protection sector, it is important to seek qualitative data in discussion with protection committees. (See more on data in section B, pages 39–41.) In addition to using SADD, depending on the context, it can be important to disaggregate data based on such other diversity factors as ability, ethnicity, language spoken, level of income or education.

The following table gives a summary of the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or the individual agency (with the emergency response coordinator accountable).

### KEY ASSESSMENT TOOLS:
- **Gender and Mine Action Programme (GMAP). GMAP’s Methodology to Assess Gender and Diversity in a Mine Action Programme** https://tinyurl.com/y72f4kym
- **Women’s Refugee Commission. Tools to Assess and Mitigate GBV among Urban Refugees (includes specific ones for LGBTI individuals and male survivors)** https://tinyurl.com/y83gyt95
### Key Activities for Gender Analysis During a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
</table>
| **Preparedness** | Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies. | Snapshot (6 pager) https://tinyurl.com/yck3r7z  
Infographic |
| **First week of a rapid-onset emergency** | Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction.  
Identify opportunities for coordination with existing organizations working on gender issues.  
Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the protection sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs  
Map and contact details of organizations working on gender in the country  
Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
<p>| <strong>3 to 4 weeks after the rapid analysis</strong> | Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment. | Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a> |</p>
<table>
<thead>
<tr>
<th>TIMEFRAME</th>
<th>ACTIVITY</th>
<th>DELIVERABLE</th>
</tr>
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<tbody>
<tr>
<td><strong>2 to 3 months after the start of the emergency response</strong>&lt;br&gt;Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
<td></td>
</tr>
<tr>
<td><strong>6 months after the response (assuming it is a large-scale response with a year-long timeline)</strong>&lt;br&gt;Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
<td></td>
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<tr>
<td><strong>1 year or more after the humanitarian response</strong>&lt;br&gt;Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
<td></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports as well as gender country profiles such as those produced by UNHCR, UNICEF, UNFPA, NRC, UNMAS and others. These should be supplemented with participatory data collection from women, girls, men and boys affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

**THE GENDER ANALYSIS FOR THE PROTECTION SECTOR SHOULD ASSESS:**

- **Population demographics.** What was the demographic profile of the population disaggregated by sex and age before the crisis? And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

- **Gender roles.** What were the roles of women, girls, men and boys? How have the roles of women, girls, men and boys changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require? What are the protection-related risks relating to these roles?

- **Decision-making structures.** What structures was the community using to make protection decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

- **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

- **Gendered needs, capacities and aspirations.** What are the protection needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? Gender analyses in the protection sector should include an assessment of the security of land tenure and ownership by women and men (including access to documentation) and the role of local and national institutions in reconciling land disputes. For mine and ERW clearance, a thorough assessment of the differing rights, needs and roles of women, girls, men and boys in relation to land ownership, land disposal and livelihoods is needed.

**POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO THE PROTECTION SECTOR:**

- What personal security risks did women, girls, men and boys face before the emergency and what do they face now? What survival needs (food, WASH, education, fuel, etc.) are putting people at risk of harassment, abuse, exploitation or violence due to their location or the means of service provision/distribution, etc.? Are certain members of the population unable to access services due to social exclusion or safety concerns and consequently find themselves at greater risk in trying to fulfil those needs? Ask about the prevalence of harmful cultural practices such as FGM/C and child marriage. What are the broad protection factors that may exacerbate the risks of GBV in a particular setting?

- Are women and girls included in registration and identification efforts? What obstacles do women and girls face in establishing their identity if documentation is lost or previously did not exist?

- Do women, girls, boys, and men have real opportunities to voice their protection concerns?

- Are women, girls, men and boys confident that security and/or police forces can provide formal protection against the gender-related risks they face?

- Do people have access to a fair and accessible judicial system with follow-up support services?
• Are men, women, boys, and girls able to access information? If not, why not? Is information accessible to persons with disabilities? Be aware that cultural, communication or physical barriers prevent certain groups — especially women, girls and those living with disabilities — from accessing information.

• Are women, girls and other at-risk groups involved in the process of prioritizing which areas are to be cleared of land mines and ERW? How is this affecting land clearance prioritization? Are women and girls involved in the process of deciding how the land, once cleared, should be handed over to communities?

• In terms of child protection risks, what cultural practices, behaviours and social norms within the affected population constitute GBV or increase risk of GBV and other forms of violence against girls and boys? What environmental factors increase girls’ and boys’ risks of GBV and other forms of violence (e.g., presence of armed forces; unsafe routes for firewood/water collection, etc.)? What are the patterns of separation from usual caregivers of boys and girls? What services are in place for child survivors of GBV and other forms of violence?

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**Good practice**

In Kenya, the GBV subcluster conducted a rapid assessment of the 2007 post-election violence to examine the nature and scope of sexual violence that occurred during flight, as well as within IDP camps and alternative settlements. The assessment evaluated the capacity of both community and camp-based programmes to prevent and adequately respond to cases of sexual violence in order to recommend strategies for strengthening gender and GBV programming in affected areas. The results of the rapid assessment were used to advocate for camp-based and community-based programming changes. Specific issues included increased participation of women, improved lighting, segregation of latrines and improved accessibility of health services.

WARD, 2010; UN-WOMEN, HTTPS://TINYURL.COM/Y8U98YW
### Coordination

**GOOD PRACTICE**
- Work with women’s rights and LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender-equal protection programming.

**BE AWARE!**
- Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

### Participation

**GOOD PRACTICE**
- Ensure an equal balance of men and women on the protection assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.
- Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to protection.
- Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their needs, capacities and priorities. This approach facilitates a clearer understanding of the differing levels of personal security risks, rights protection and access to justice faced by women, girls, men and boys before and during the crisis.
- Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the response.
- Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

**BE AWARE!**
- Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.
- Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation, of women, girls and LGBTI individuals in community forums.
- Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.
- Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.
- In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
**GBV prevention and mitigation**

**GOOD PRACTICE**
- Use this handbook in conjunction with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.
- Train staff on how to refer people to GBV services.

**BE AWARE!**
- Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
- Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.
- Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

**Gender-adapted assistance**

**GOOD PRACTICE**
- Identify groups with the greatest protection support needs, disaggregated by sex and age.
- Assess the barriers to equitable access to protection programmes/services, disaggregated by sex and age.

**BE AWARE!**
- To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

**Transformative approach**

**GOOD PRACTICE**
- Identify opportunities to challenge structural inequalities between women and men and to promote women’s leadership through the protection programme.
- Invest in targeted action to promote women’s leadership, LGBTQI rights and reduction of GBV.

**BE AWARE!**
- Ensure that any negative effects of actions within the protection programme that challenge gender norms are analysed in order to mitigate them and to ensure that the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the protection sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:
**Good practice**

In the aftermath of Cyclone Pam in 2015, ActionAid established women’s information centres in Tanna, Erromango and Eton in the Republic of Vanuatu which laid the foundation for a women’s forum that now comprises more than 3,700 members from rural and remote communities. For the first time in the region, information centres were established at the heart of emergency operations to provide women with direct access to information about distributions and to support them to raise their voices and document their needs in the emergency response. When the “blue tents” closed, women formed Women I Tok Tok (“Women Talk Together”) groups to continue speaking up for their rights and needs in disaster response and management.

Women are supporting each other as they learn about their rights, strengthen their capacities as leaders and work together to bring about change. They are identifying protection risks and vulnerabilities, and designing their own solutions. **This is a significant change in a context where women are almost always excluded from decision-making, which is closely guarded as a space for men.**

MICHELLE HIGELIN AND SHARON BHAGWAN ROLLS. 2016. WOMEN’S LEADERSHIP IN THE PACIFIC: HUMANITARIAN RESPONSE (BLOG POST HTTPS://TINYURL.COM/Y9DY4R89)
**GENDER ANALYSIS QUESTIONS**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are women and girls included in registration and identification efforts?</td>
<td>Women and girls tend to be excluded from accessing humanitarian services or exercising their rights as they do not have official identification and/or other legal documents.</td>
<td>Women, girls, men and boys benefit from services provided in the humanitarian context due to having means of identification and registration in databases.</td>
<td>Percentage increase of women, girls, men and boys accessing services as a result of having means of identification</td>
</tr>
<tr>
<td>Are women, girls, men and boys confident that security and/or police forces can provide formal protection?</td>
<td>Security and/or police forces do not have the mechanisms, capacity or understanding to monitor and enforce protection of crisis-affected populations.</td>
<td>Women, girls, men and boys trust that service providers and security forces will provide the right assistance to meet their protection needs.</td>
<td>Percentage of women, girls, men and boys who report they are satisfied with the assistance provided by the service providers and security and police forces</td>
</tr>
<tr>
<td>Do people have access to a fair and accessible judicial system with follow-up support services?</td>
<td>Women and girls feel they need support in accessing an intimidating legal and justice system.</td>
<td>Women, girls, men and boys trust and turn to the judicial system.</td>
<td>Number and percentage of women, girls, men and boys who access the legal/justice system or/and follow-up support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Women, girls, men and boys experience improvements in psychosocial well-being as a result of follow-up support systems.</td>
<td>Percentage of women, girls, men and boys who benefit from the legal/justice system and/or follow-up support who report improvements in their well-being (feeling of justice and access to their rights, decrease in depression/anxiety, safety, etc.)</td>
</tr>
</tbody>
</table>
### EXPECTED RESULTS
*The outputs of the intervention that will achieve the specific objective*

The presence of women, girls, men and boys is identified and they access registration and identification efforts.

Women, girls, men and boys are in possession of needed means of identification.

Security staff and police forces have improved knowledge of protection issues and rights and apply the code of conduct to combat sexual abuse and exploitation.

Protection cases are properly handled, reported and/or referred by security staff and police forces.

Women, girls, men and boys in affected communities are aware of the various channels to seek legal/justice support.

Women, girls, men and boys have access to the legal/justice system and/or follow-up support service to improve their psychosocial well-being.

### EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)
*Indicators to measure the extent the intervention achieves the expected result*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number and locations of mapping efforts to reach non-registered target population</td>
<td>Number and percentage of women, girls, men and boys in possession of identification</td>
</tr>
<tr>
<td>Percentage over baseline (or pre-tests) of security staff and police forces who have improved knowledge of protection issues, rights and codes of conduct</td>
<td>Number and percentage of protection cases received, handled, and/or referred to relevant service providers</td>
</tr>
<tr>
<td>Number and percentage of women, men and boys who report knowledge of the legal channels needed for legal/justice support</td>
<td>Number and types of legal/justice and referral support systems available to support women, girls, men and boys</td>
</tr>
</tbody>
</table>

### GENDER-ADAPTED PROGRAMMING ACTIVITIES

Conduct outreach initiatives to map the whereabouts of un- or underregistered women, girls, men and boys.

Ensure assistance for women, girls, men and boys to receive and/or retrieve:
- birth and death certificates
- passports
- ID cards
- land ownership deeds
- marriage and divorce certificates

Assist women and girls to receive and/or retrieve:
- birth certificates,
- passports,
- ID cards
- land ownership deeds

Build staff capacity and knowledge of protection issues and rights of crisis-affected populations.

Develop and implement a code of conduct to combat sexual abuse and exploitation for members and partners working in the protection field.

Establish standard operating procedures for security personnel on investigating and referring protection cases and referral mechanisms with key local partners who can support GBV cases (legal, medical, rehabilitation, shelter).

Inform local communities about the nature of formal and customary legal and judicial systems in place within the affected communities.

Establish and support referral mechanisms to the (formal and customary) legal/justice system to facilitate access by women and girls to legal aid and follow-up support, including mental and health service provision.
3 Resource mobilization

Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

• Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

• To mobilize resources around priority actions, support the protection cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

• Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors would be looking for can be consulted in the IASC Gender Marker Tip Sheets. In the protection tip sheet, examples of commitments include:

• Collect data that allows for a gendered analysis of protection needs;

• Design protection services to meet the needs of women, girls, men and boys;

• Ensure that women, girls, men and boys can access protection services equally;

• Ensure that women, girls, men and boys have equal opportunities to participate in protection programmes;

• Ensure that women, girls, men and boys benefit equally from protection training or other capacity-building initiatives.
4 Implementation and monitoring

Once the resources have been mobilized, the next stage of the HPC cycle is the implementation and monitoring of the programme.

Implementation

In order to ensure that protection programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

• Tailor programme activities to the specific protection-related needs, capacities and priorities of all women and girls, men and boys.
• Inform women, girls, men and boys of the resources available and how to influence the programme.
• Develop and maintain feedback mechanisms for women, girls, men and boys as part of protection programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the protection programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in the more detail in the table that follows).

• Coordination
• Participation
• GBV prevention and mitigation
• Gender-adapted assistance
• Transformative approach

Good practice

In Colombia, UNHCR actively enhanced female participation in the peace process through supporting the involvement of women’s networks in the post-agreement scenario, strengthening community protection networks, and drawing attention to SGBV being perpetrated during the transition period. As a result, the operation reported having involved 560 women in decision-making roles in community peacebuilding mechanisms, exceeding their target of 300 women.

UNHCR AGE, GENDER AND DIVERSITY, ACCOUNTABILITY
Good practice

In Malaysia, UNHCR used mobile registration teams in jungle areas and in the highlands in the north-east of the country to register asylum seekers and refugees, particularly women and girls. This helped to ensure that individuals with urgent protection needs who were not able to reach the UNHCR were identified and assisted. Survivors of GBV, female heads of household and unaccompanied women and children were identified early and targeted to determine refugee status and assistance.

ADAPTED FROM: UNHCR. 2008. UNHCR HANDBOOK FOR THE PROTECTION OF WOMEN AND GIRLS, P. 117; IASC GBV GUIDELINES 2015
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN PROTECTION PROGRAMMING

Coordinator

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in programme design, delivery and monitoring, and ensure that they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure gender-related protection considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation of women, girls, men and boys relating to the protection sector.

BE AWARE!

» Be aware that the experiences and needs of LGBTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process that is accessible to women, girls, men and boys to develop community-based and sustainable protection programmes.

» Strive for 50 per cent of protection programme staff to be women.

» Ensure that women, girls, men and boys participate meaningfully and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Ensure the participation of women in land-release activities, including demining where appropriate, and their roles in other community-based activities such as community liaisons and mine-risk educators.

» Provide community members with information on existing codes of conduct adopted by security personnel, police and/or humanitarian service providers, as well as where to report incidents of sexual abuse and exploitation.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
Participation (continued)

BE AWARE!

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community, are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban on LGBTI individuals, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GBV prevention and mitigation

GOOD PRACTICE

» Follow the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action for protection, housing, land and property, land-mine action and child protection.

» Work with communities to end harmful cultural practices such as FGM/C and child marriage. Be sure to communicate the harmful effects on the rights of children, legal restrictions and the benefits to society of eliminating such negative practices.

» Prevention and response to GBV is a key cross-cutting priority in protection programming and requires a coordinated effort to ensure that protection areas address this issue in the planning, implementation and monitoring of their response efforts. For example, assistance and rehabilitation programmes for land mine and ERW survivors should include referral pathways to access care for GBV and report risks.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks and where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section B, page 86 for more information on this concept.)

» Integrate GBV prevention and mitigation strategies into the design and implementation of child-friendly community spaces.

» Increase knowledge of families, communities, local duty bearers and formal and informal justice systems on GBV, related rights and where to access assistance.

» Explicitly acknowledge the experience of male survivors, respect their rights to confidentiality and include them in programmes that meet their distinct needs.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN PROTECTION PROGRAMMING (CONTINUED)

**GBV prevention and mitigation (continued)**

**BE AWARE!**

» Don’t share data that may be linked back to a group or an individual, including GBV survivors.

» Avoid singling out GBV survivors: speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.

» Do not make assumptions about which groups are affected by GBV, and don’t assume that reported data on GBV or trends in reports represent actual prevalence and trends in the extent of GBV.

» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

**GOOD PRACTICE**

» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all protection programming to ensure that gender-related considerations are included throughout and incorporate child protection, mine awareness, identity and protection of land and property rights.

» Provide age-appropriate psychosocial and survivor services for girl and boy survivors of domestic violence, child labour, sexual abuse and exploitation and trafficking.

» Communication activities to improve mine awareness should consider how to effectively target women, girls, men and boys according to their specific needs.

» Facilitate the obtaining and replacement of personal documents (e.g., official ID, tenancy contracts, deeds, etc.) through confidential, non-stigmatizing spaces to eliminate barriers to making property claims or receiving humanitarian assistance related to reconstruction.

» Agencies should take all reasonable steps to prevent boys and girls from being recruited into armed forces and, if they are associated with armed forces, work on their immediate release and reintegration.

» Make sure that mine and ERW clearance and messaging meets the needs of the affected women, girls, men and boys so that no one faces heightened risk going about their daily activities.

**BE AWARE!**

» Do not assume that all will benefit from protection programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures should be taken to facilitate the access of vulnerable groups, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuses such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.
GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related protection issues.

» Promote the leadership of women in mine action and of adolescent girls in child protection committees. Agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women's participation in the protection programme.

» Raise awareness with and engage men and boys as champions for women's participation and leadership in the protection programme.

» Engage women, girls, men and boys in non-traditional gender roles.

» Support women to build their negotiating skills and strategies and to become role models within their communities by working with them and encouraging them to take on leadership roles.

» Help to establish women's, girls' and youth groups within the community and enable them to undertake leadership roles.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
**Monitoring**

Monitor the access to and quality of protection sector assistance by women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also look at how the protection programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample survey. Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process.

Monitor whether the protection programme adheres to the “do no harm” principle (see section B, page 86 for more information on this concept): conduct ongoing consultation with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects (e.g., singling out GBV survivors for particular programme benefits can stigmatize or re-traumatize them). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These measures allow early identification of negative effects of the programme so they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities (See section B, page 58 for more information on this). Evaluation is a process that helps improve current and future protection programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services by women, girls, men and boys from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


This includes guidance on HLP, Mine Action, Child Protection and GBV.

**KEY RESOURCES**


This chapter explains how to integrate gender equality into shelter programming. In this chapter you can find information on why it is important to incorporate gender equality into shelter programming as well as key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for shelter programmes that need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you will find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the programme design stage through to implementation, monitoring and review, and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each of those phases. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in shelter programming?

Humanitarian crises impact access to safe and suitable shelter for women, girls, men and boys in different ways. This includes issues relating to:

• Emergency shelter, temporary or transitional shelter provision as well as longer-term housing solutions.

• Shelter-related non-food items (NFIs) such as cooking and heating fuel and fuel alternatives; building materials; blankets, sleeping mats and plastic sheeting; lighting for personal use (such as torches); kitchen sets; and hygiene and dignity kits.

• Site planning and upgrades and maintenance of informal settlements.

In terms of the integration of gender equality, the process of providing shelter is as important as the type of shelter provided. Each step of a shelter programme must be considered with regard to gender dynamics and “do no harm” principles. Considered distribution of shelter NFIs and household items is also important to ensure that provisions are culturally appropriate and organized in a way that is convenient for women and men of different age groups and backgrounds. Site planning is important to ensure that shelters are in close proximity to basic services, such as water collection points, to free up time of women, girls, men and boys and to reduce exposure to protection risks.

Effectively integrating gender equality into shelter programming will achieve the following goals:

• **Safeguard the right to an adequate standard of living, including housing.** Addressing gender-specific shelter needs and capacities (i.e., habitable and physical living spaces including living, cooking, eating and sleeping arrangements; different assistance options and implementation modes including repair and reconstruction; the enabling environment including access to housing, land and property, security of tenure and environmental sustainability and other areas linked to shelter) ensures an adequate standard of living for women, girls, men and boys.

• **Improve access to shelter assistance.** Childcare and domestic responsibilities, legal barriers to female land and property ownership or a lack of tools and skills to construct shelter all can present barriers to shelter assistance for women and girls. In addition, within settlements, access to services such as water supply, education, healthcare, transport, etc., can greatly affect the outcomes of shelter programmes. Gender and age are central to many if not all of these issues and must be properly analysed and understood to create effective programmes.

• **Promote safety and dignity.** Addressing particular needs of men, women, girls and boys will contribute to a safe and dignified environment. For example, women and girls may need additional privacy and security measures in shelters, including during menstruation, which in some cultures prevents both sexes from dwelling in shared living spaces; adolescent boys and girls may need separate sleeping areas; and men and women may need different, specific spaces for livelihood activities, social activities or worship.

• **Enhance ownership and sustainability.** Identifying the specific needs, roles and capacities of women, girls, men and boys in relation to shelter through a participatory needs assessment and gender analysis, and building on those to develop the shelter programme, enhances ownership by the affected population and therefore sustainability.

• **Shift gender relations towards equality.** Participation by women and men in the shelter programme can lead to fairer work divisions in the long term or change attitudes, for example where construction work is paid, ensuring equal pay for women and men.

**Integrating gender equality and shelter in the Humanitarian Programme Cycle**

This section outlines the necessary actions that all shelter actors and government agencies should take to promote gender equality at each stage of the HPC.
### Key Gender Equality Actions for Shelter Programming

**At Each Stage of the Humanitarian Programme Cycle**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Actions</th>
</tr>
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</table>
| **1 Needs assessment and analysis** | • Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to shelter.  
   • Conduct a gender analysis as part of shelter needs assessments and analyse the findings. |
| **2 Strategic planning**        | • Integrate gender equality into shelter programme design for the response, utilizing the findings from the gender analysis and other preparedness data.  
   • Ensure a demonstrable and logical link between the gender-specific needs identified for the shelter sector, project activities and tracked outcomes.  
   • Apply gender markers to shelter programme designs for the response. |
| **3 Resource mobilization**     | • Apply gender markers to shelter programmes in the response.  
   • Include information and key messages on gender and the shelter sector for inclusion in the initial assessment reports to influence funding priorities.  
   • Report regularly to donors and other humanitarian stakeholders on resource gaps on gender within the shelter sector. |
| **4 Implementation and monitoring** | • Implement shelter programmes that integrate gender equality and inform women, girls, men and boys of the available resources and how to influence the project.  
   • Develop and maintain feedback mechanisms for women, girls, men and boys as part of shelter projects.  
   • Apply gender markers to shelter programmes in the response.  
   • Monitor the access to shelter assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or men and boys based on the assessed gaps and dynamics. |
| **5 Gender operational peer review and evaluation** | • Review projects within shelter sector and response plans. Assess which women and girls, men and boys were effectively reached and which were not and why.  
   • Share good practices around usage of gender markers and address gaps. |
### 1 Needs assessment and analysis

**Gender analysis** takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency. In addition to using SADD, depending on the context, it can be important to disaggregate the data based on other diversity factors, such as ability, ethnicity, language spoken, level of income or education.

When collecting information for the shelter sector, the analysis questions should seek to understand the differences in impact of the crisis on women, girls, men and boys. Standard shelter assessments can be adapted by placing emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men and boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the specific needs, roles and dynamics of women, girls, men and boys and LGBTI individuals in relation to the shelter sector, and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them. Assessments should align with best practice and key standards on coordination, women’s participation and GBV prevention and mitigation as per the table on pages 330–331 on “Key approaches and standards for needs assessment and analysis in shelter programming”.

**Sex- and age-disaggregated data** (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors, or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 41). Qualitative data and analysis disaggregated by sex, age and other diversity factors related to the shelter concerns and needs of the population are key to identifying which groups are marginalized and why. How data are disaggregated depends upon the context and the programming being proposed, and should be based on a gender analysis. For the shelter sector, the following disaggregation is usually appropriate: female/male under age 5; female/male age 6–11; female/male age 12–17; female/male age 18–60; and female/male over age 60. (See section B, pages 39–41 for information on collection of SADD.)

The following table summarizes the key moments during an emergency response when gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or the individual agency (with the emergency response coordinator accountable).

**KEY ASSESSMENT TOOLS:**

## Key Activities for Gender Analysis during a Humanitarian Response

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</td>
<td>Snapshot (6 pager)</td>
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<tr>
<td></td>
<td></td>
<td><a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a></td>
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<tr>
<td></td>
<td></td>
<td>Infographic</td>
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<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction. Identify opportunities for coordination with existing organizations working on gender issues. Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the shelter sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult relevant organizations to the sector.</td>
<td>Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming</td>
</tr>
<tr>
<td></td>
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<td><a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a></td>
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<tr>
<td></td>
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<td>Map and contact details of organizations working on gender in the country</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rapid gender analysis report <a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td>Carry out a <strong>sectoral gender analysis</strong> adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</td>
<td>Sectoral gender analysis report <a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
<td>DELIVERABLE</td>
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<tr>
<td>2 to 3 months after the start of the emergency response</td>
<td>Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gendered partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gendered capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gendered skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>6 months after the response (assuming it is a large-scale response with a year-long timeline)</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
</tr>
<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the response performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqgut">https://tinyurl.com/p5rqgut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports as well as gender country profiles, such as those produced by UNHCR, IFRC, CARE, NRC and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

THE GENDER ANALYSIS FOR SHELTER SHOULD ASSESS:

• **Population demographics.** What was the demographic profile of the population disaggregated by sex and age before the crisis? What has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, the number of people with specific needs by age and sex, the number of pregnant and lactating women. Are there polygamous family structures?

• **Gender roles.** What were the roles of women, girls, men and boys relating to shelter prior to the crisis? How have the roles of women, girls, men and boys relating to shelter changed since the onset of the crisis. What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

• **Decision-making structures.** What structures is the community using to make shelter-related decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

• **Protection.** What protection risks did different groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

• **Gendered needs, capacities and aspirations.** What are the shelter needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? Gender analyses in the shelter sector should undertake assessments to help with considerations relating to shelter design and safety, the distribution of NFIs and camp facilities, with questions relating to the following areas:

  » Site and settlement planning: assessments should help you to understand the needs and priorities of groups at heightened risk and with specific needs, to assist with access to services for effectiveness, privacy and safety, and public spaces built around the needs of all women, girls, men and boys.

  » Shelter design: assessments should be used to understand cultural norms and community practices for basic daily chores (e.g., cooking) and privacy in shelter design, and potential risks and threats, and reflect them in shelter design.
Shelter construction and material supply: assessments should identify groups (unaccompanied children, female-headed households, the elderly, persons with disabilities, LGBTI individuals, etc.) to ensure they receive appropriate support in accessing aid for constructing shelters.

Allocation and distribution of shelter NFIs and household items: assessments should determine what shelter NFIs and household items are needed by women, girls, men and boys and what is culturally appropriate, as well as appropriate distribution times.

POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO SHELTER:

- What are the typical groupings within households, and the differences between how family and household are defined? How many people share the same shelter? Are measures in place to provide privacy between ages and sexes as culturally appropriate?

- What were the various roles of women and men in construction prior to the emergency? Are there noticeable changes in family structures (e.g., many female- or male-headed households)? Have these resulted in changes in gender roles related to shelter construction tasks and decision-making? Which groups (by sex and age) may not be in a position to construct their own shelters and how can they be supported?

- Do cultural norms enable women and men to participate equally in decision-making on shelter issues? If not, are targeted and affirmative actions required to support their meaningful participation? Are there practices and policies that discriminate against women or men, e.g., in the allocation of land plots, shelter sites or rooms in collective accommodation? Are woman- and child-headed households, single women and other at-risk groups consulted on what shelter arrangement would be safest?

- What is the broad gender division of labour in productive (e.g., agriculture, income-generating activities), and reproductive responsibilities (i.e., what are the roles of women, girls, men and boys in the household, regarding cooking, cleaning, child-care, maintenance and other day-to-day activities)? How is time allocated for each responsibility?

- Privacy and safety: are women, girls, men and boys safe from different forms of violence in or around their allocated shelter? Do children have access to safe spaces? Do women feel safe in the shelters? Is a vulnerability index being used for shelter assistance? Are there partitions in and between shelters and is spacing sufficient for the dignity and privacy of every individual? What is the covered space available in relation to the number of women, girls, men and boys sharing the same living and sleeping spaces? Are there locks on doors and windows?

- Has there been a loss of possessions and what are the needs for clothes, bedding and other household items as seen by women, girls, men and boys?

- Can all individuals and groups access the shelters and shelter services without risk or difficulties? Are toilets and water points appropriate distances from sleeping structures?

- Are shelter-related NFIs and household items distributed in areas that are safe? Do women, girls and other at-risk groups have to travel long distances and/or through insecure places to obtain cooking and heating fuel?

- Are cash transfers or vouchers in place? Can women and men access these?
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN SHELTER PROGRAMMING

Coordination

GOOD PRACTICE

» Work with women's rights and LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality shelter programming.

BE AWARE!

» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE

» Ensure an equal balance of men and women on the shelter assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to shelter.

» Undertake a participatory assessment with women, girls, men and boys. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their needs, capacities and priorities relating to shelter.

» Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the shelter response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

BE AWARE!

» Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
**GOOD PRACTICE**

» Use this handbook together with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Train staff on how to refer people to GBV services.

**BE AWARE!**

» Don't collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.

» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.

» Always be aware of the ethical guidelines in social research when directly collecting information from vulnerable groups and others.

**GOOD PRACTICE**

» Identify groups with the greatest needs for shelter support, disaggregated by sex and age.

» Assess the barriers to equitable access to shelter programmes/services, disaggregated by sex and age.

**BE AWARE!**

» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section in this table for further advice on this).

**GOOD PRACTICE**

» Identify opportunities to challenge structural inequalities between women and men, and to promote women's leadership.

» Invest in targeted action to promote women’s’ leadership, LGBTI rights and reduction of GBV.

**BE AWARE!**

» Ensure that any negative effects of actions within the shelter programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the project planner can establish a demonstrable and logical link between the project activities and their intended results in the shelter sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The table on pages 334–336 shows examples of the development of objectives, results and activities with associated indicators based on the outcomes of a gender analysis:

**Good practice**

In Benin, during the 2010–2011 floods, through a cash transfer programme to support basic needs and a change from temporary to permanent housing, cash was assigned to the female head of household. However, the programme design did not take into account the polygamous nature of many households, resulting in higher tension in the household, and was possibly a trigger for the increased GBV against wives by their husbands during this period. This is an example of a situation where doing a gender analysis to understand these dynamics would have resulted in better programme design and better outcomes.

ADAPTED FROM: CARE. 2016. GENDER AND SHELTER: GOOD PROGRAMMING GUIDELINES P24
Good practice

During the 2015 earthquake response in Nepal, a rapid gender analysis led to significant improvements in the safety and appropriateness of programme designs, adjustment to programme designs to incorporate protection and gender mainstreaming elements in planned distribution activities and post-distribution monitoring to ensure they were appropriate and safe for the intended beneficiaries. For example, female staff members noted that female-headed households had little time left after their domestic chores and childcare to reach the distribution points, and other groups were unable to wait in line (queue) for a long time.

A priority line (queue) was set up for the elderly, pregnant and lactating women and people with disabilities, to reduce waiting times and avoid any potential tensions or violence while waiting. The linkage between shelter, WASH and gender interventions enabled the distribution of combined emergency kits, comprising both shelter-related NFI s and hygiene/dignity kits, including items particularly needed by women and girls. The organization also developed a construction training component and awareness-raising sessions for both women and men, in an effort to promote gender equality and women’s empowerment.
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What were the various roles of women and men in construction prior to the emergency? Are there noticeable changes in family structures (e.g., many female- or male-headed households)? Have these resulted in changes in gender roles related to shelter construction tasks and decision-making? Which groups (segregated by sex and age) may not be in a position to construct their own shelters and how can they be supported?</td>
<td>Women and girls are not involved in shelter construction and can be excluded from the process. Specific child-rearing tasks or pressures to earn a livelihood may fall on family members not in the habit of taking a leading role in construction activities. Older people and people with disabilities may face difficulties when building their own shelters and there is a gap in additional support. Other groups (such as widows) may not be supported by the community as they may not have equal rights to housing, land and property.</td>
<td>Women, girls and the less vulnerable live with dignity in appropriate shelter they have built. Women and older girls access income-generating activities in the construction sector.</td>
<td>Percentage of women who are trained and able to use their skills to improve their shelters Percentage of trained women who engage in income-generating activities in the construction sector</td>
</tr>
<tr>
<td>Are women, girls, men, boys and LGBTI individuals safe from different forms of violence in or around their allocated shelter?</td>
<td>Specific groups of people including female-headed households, unaccompanied children, the elderly, some LGBTI individuals and people with disabilities may be at risk if their shelters are located near the edge of a camp. Children have no specific place designated for them where they can feel safe. Women do not feel safe in the shelters or walking around at night, as men sleep outside when shelters are too hot. Woman, girls and boys feel unsafe since they are compelled to share accommodation with men who are not members of their immediate family.</td>
<td>Women, girls, men, boys, people with disabilities and LGBTI individuals feel safe in and around their allocated shelters.</td>
<td>Number and percentage of women, girls, men, boys, people with disabilities and LGBTI individuals who report feeling safe in and around their allocated shelters</td>
</tr>
</tbody>
</table>
**EXPECTED RESULTS**
The outputs of the intervention that will achieve the specific objective

More women and girls are engaged in construction and acquire necessary skills to enter the construction field.

Community initiatives assist the most vulnerable in the construction of their shelters.

**EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)**
Indicators to measure the extent the intervention achieves the expected result

Number and percentage of women and girls trained in construction skills

Number and percentage of community initiatives that effectively assist most vulnerable in the construction of shelter

**GENDER-ADAPTED PROGRAMMING ACTIVITIES**

Provide training for or link women and girls to training to learn construction skills.

Establish and promote community engagement initiatives to provide construction support to the vulnerable.

Raise awareness among the community on the importance of having women and girls engaged in construction tasks.

Shelters allocated to female-headed households, unaccompanied children, the elderly, LGBTI individuals and people with disabilities are in safe locations.

Appropriate physical environments that ensure dignity and privacy are established.

Child-friendly spaces are provided.

GBV around shelters is reduced due to routine patrol checks.

Number and percentage of female-headed households, unaccompanied children, elderly, people with disability and LGBTI individuals who report being satisfied with the location of their shelters in terms of safety

Number of shelters equipped to meet the appropriate standards

Number of child-friendly spaces established in safe and accessible locations

Number of routine patrol checks per day

Number and percentage of reported incidents related to lack of safety in and around allocated shelters

Promote the placement of female-headed households, unaccompanied children, the elderly, LGBTI individuals and persons with disabilities in clustered locations.

Ensure that the construction of shelters meets appropriate standards of ventilation, safe and contained outdoor spaces, and adequate partitions.

Establish child-friendly spaces within shelters.

Organize routine spot checks and community consultations as part of efforts to prevent GBV.
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do cultural norms enable women and men to participate equally in decision-making on shelter issues? If not, are targeted and affirmative actions required to support their meaningful participation?</td>
<td>Transgender people have specific shelter needs that may fall outside the usual requirements or that they may find difficult to express in large meetings. Men and women cannot attend meetings because they happen during work hours. Women cannot attend meetings because they need to care for their children. Displaced women in urban settings are unable to access community meetings since they do not feel safe traveling to meetings alone.</td>
<td>Shelter is designed in a way that responds to the basic differing needs of the targeted population.</td>
<td>Percentage of women, girls, men and boys who report that the shelters meet their differing needs.</td>
</tr>
<tr>
<td>Are there practices and policies that discriminate against women or men (e.g., in the allocation of land plots, shelter sites or rooms in collective accommodation)?</td>
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</table>
### Expected Results

**The outputs of the intervention that will achieve the specific objective**

<table>
<thead>
<tr>
<th>Expected Results</th>
<th>Expected Results Indicators (Output Indicators)</th>
<th>Gender-Adapted Programming Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased participation of women, girls, men and boys to shelter consultation meetings.</td>
<td>Number and percentage of women, girls, men and boys who attend shelter consultation meetings.</td>
<td>Establish and implement a safe, efficient and gender-responsive mechanism for people, including LGBTI individuals, to report shelter needs.</td>
</tr>
<tr>
<td>LGBTI support groups voice the needs of the LGBTI population affected by the crisis.</td>
<td>Number of LGBTI partners who are taking the lead in identifying and reporting on the needs of LGBTI members in the targeted community.</td>
<td>Work with the community to design a place for meetings that is safe, convenient and accessible to women, girls, men and boys and all groups in the affected population.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Put in place childcare and safe transportation so that women are able to attend and participate in meetings. Ensure that meetings are held at appropriate times for women and men, and that they are separate where necessary.</td>
</tr>
</tbody>
</table>
3 Resource mobilization

Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

• Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

• To mobilize resources around priority actions, support the shelter cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

• Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information). Examples of commitments, activities and indicators that donors would typically be looking for can be consulted in the IASC Gender Marker Tip Sheets. In the shelter tip sheet, examples of commitments include:

  • Ensure that women, girls, men and boys participate equally in all steps of programme design, implementation and monitoring;
  
  • Consult particularly on the times and places of distributions;
  
  • Work to ensure that women, girls, men and boys of all age groups can access shelter and shelter NFIs by registering the adult woman in all households (except single-male headed households) as the primary recipient of food assistance so as to reinforce women’s ownership and control as the primary targets of food assistance, and avoid excluding second wives and their children in polygamous families;
  
  • Take specific action to prevent GBV;
  
  • Design services to meet the needs of women and men equally, ensuring that women and men participate equally in distributions and receive equal pay for the same work.
Once the resources have been mobilized, the next stage of the HPC cycle is the implementation and monitoring of the programme.

**Implementation**

In order to ensure that shelter programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

- Tailor programme activities to the specific shelter-related needs, capacities and priorities of all women, girls, men and boys.
- Inform women, girls, men and boys of the resources available and how to influence the programme.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of shelter programmes.

Note that the ability to access these mechanisms safely can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the shelter programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table below).

- Coordination
- Participation
- GBV prevention and mitigation
- Gender-adapted assistance
- Transformative approach

**Good practice**

Focus groups discussions for an IFRC shelter project in Haiti after the 2010 earthquake highlighted that T-shelters should include a second door, a lock (including internally), interior lighting and exterior lighting, especially outside and around latrines to reduce the risks of violence against women and children, particularly at night when they use toilets.

Good practice

In response to Tropical Cyclone Winston in 2016, FemLINKPACIFIC (a community organization) provided daily weather watch updates through a rural women leaders’ network to ensure that women’s voices and priorities were visible in the response effort. The purpose of Women’s Weather Watch was to use FemLINKPACIFIC’s vast network of women leaders to fill the gaps in information and communications, as well as advocate and campaign for humanitarian assistance targeting the specific needs of women, girls, older people, persons with disabilities and those who required specific medication. FemLINKPACIFIC thus provided a platform for women’s voices in disaster response. FemLINKPACIFIC is convening district-level network meetings to listen to and promote women’s experiences. A group of 30 women took part in a consultation of Women’s Weather Watch leaders in one the affected areas, highlighting critical issues of shelters and the need to support young mothers as some were sheltering in what remained of their homes. In some instances, as many as five families were sharing one small room that was undamaged by the cyclone. These community forums allowed women to share, heal and share their daily struggles.

UN WOMEN FIJI. 2016. SNAPSHOT. HTTPS://TINYURL.COM/Y8SXDS9H P 3
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN SHELTER PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women’s rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in shelter programme design, delivery and monitoring, and ensure that they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure gender-related shelter considerations are included across all sectors including the risk of GBV. For shelter issues, this should include for example, camp coordination and camp management actors, protection cluster (including GBV and housing, land and property specialists) and camp security personnel.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation for women, girls, men and boys relating to the shelter sector and sex- and age-disaggregated data.

BE AWARE!

» Be aware that the experiences and needs of LGBTI individuals may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process, accessible to women, girls, men and boys, to allow them to influence the location of their shelter or covered area, access to essential services and shelter NFIs. For household items, the choice of cooking items and eating utensils should be culturally appropriate and should enable safe practices to be followed. Women or those typically overseeing the preparation of food should be consulted when specifying items.

» Strive for 50 per cent of shelter programme staff to be women.

» Ensure that women, girls, men and boys participate meaningfully and are able to provide confidential feedback and access complaint mechanisms related to the design, allocation and implementation of shelter, shelter NFIs and camp facilities, by managing safe and accessible two-way communication channels.

» Ensure that women, men, adolescent girls and boys have equal opportunities for involvement in all aspects of shelter construction.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions.

» Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
Participation
(continued)

BE AWARE!

» Keep in mind that some individuals or groups, may have difficulty constructing shelters or be excluded from distributions and land for shelters.

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban on open LGBTI groups in some cultures, etc.) that can serve as a barrier to the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men's voices carrying more weight.

» Ensure meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GBV prevention and mitigation

GOOD PRACTICE

» Follow the guidance for the shelter sector provided in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaint mechanisms, doing spot checks with communities to lessen exposure to sexual violence due to poor shelter conditions or inadequate space and privacy. Where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times. (See section B, page 86 for more information on this concept.)

» Improve safety and security by providing strong, non-transparent building materials, locks on doors and windows and gender-segregated partitions as appropriate.

» Good site planning plays a key role through layout, lighting, secured public spaces and alert systems (alarms, call devices, etc.).

» Implement Sphere standards for space and density of shelter construction to avoid overcrowding as this can increase stress and potentially, GBV.

» Train staff on how to orient people to GBV referral services.
GBV prevention and mitigation (continued)

BE AWARE!
» Don’t share data that may be linked back to a group or an individual, including GBV survivors.
» Avoid singling out GBV survivors: speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.
» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance.

GOOD PRACTICE
» Analyse the gender analysis for shelter, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all programming to ensure that gender-related considerations are included throughout shelter programme cycles.
» Ensure that gender-related needs are addressed through meeting needs for household items such as hygiene and dignity kits, cooking and heating fuel and water storage. Develop the contents of the shelter NFI and household items package according to culture and context. Distribution and allocation of shelter NFI must benefit women, girls, men and boys equally.
» Ensure that cash for rent, when provided, is accessible to both women and men.
» Identify the separate clothing needs of women, girls, men and boys of all ages, including infants and vulnerable or marginalized individuals.
» Include women- and child-friendly spaces in shelter construction programmes.
» Identify and meet household cooking and space heating needs by ensuring access to safe, fuel-efficient stoves, an accessible supply of fuel/domestic energy or communal cooking facilities. Provide training on fuel-efficient stoves.
» As women may depend on sale of firewood for household income, consider linking alternative energy programmes with income-generating activities for women.
» Ensure that groups who may have specific vulnerabilities (unaccompanied children, female-headed households, the elderly, LGBTI individuals, persons with disabilities) receive appropriate support in accessing aid for constructing shelters.
» If there are specific gaps in assistance or discriminatory practices towards vulnerable groups, include targeted actions to address them, providing labour or mobilizing the community to build shelters for those most in need such as the elderly or women and men with disabilities without family support.
» Where helpful, use non-traditional shelter activities to achieve shelter outcomes. For instance, legal assistance for women-headed households, cash grants to people with disabilities so they can hire labour, or livelihood opportunities may achieve better shelter outcomes than agency-driven construction.
Gender-adapted assistance (continued)

BE AWARE!

» Do not assume that all will benefit from shelter programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Special measures to facilitate the access of vulnerable groups should be taken, while considering the context, social and cultural conditions and behaviours of communities.

Transformative approach

GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related shelter issues.

» Promote women’s leadership in shelter management committees and agree on representation quotas for women with the community prior to any process for elections.

» Encourage women’s participation in shelter construction to offer them greater financial independence and additional livelihood skills.

» Promote the empowerment of single women or female-headed households by providing them with real control and ownership of their own homes.

» Work with community leaders (women and men) to sensitize the community about the value of women’s participation.

» Raise awareness with and engage men and boys as champions for women’s participation and leadership.

» Engage women, girls, men and boys in non-traditional gender roles.

» Support women to enable them to build their negotiating skills and strategies and become role models within their communities by supporting them to take on leadership roles in the shelter programme.

» Help to establish women’s, girls’ and youth groups within the community and enable them to undertake leadership roles.

BE AWARE!

» Some women and girls may be unable (for various reasons) to construct their own shelters and be dependent on men outside of their families for help, thereby increasing their vulnerability.

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
**Monitoring**

Monitor the access to and quality of shelter sector assistance by women, girls, men and boys, LGBTI individuals, people with disabilities and other minority groups, as well as the changes relating to meeting women’s strategic needs. The monitoring should also assess how the shelter programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. **Sex- and age-disaggregated data** (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use **gender markers** to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process.

Use sex- and age-sensitive indicators to measure if the needs of all groups are being met. Check the following: expected benefits; provision of quality shelter assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the shelter facilities were used; and what has changed due to assistance. Compare the different rates by sex and age of the respondents.

Monitor that the shelter programme’s adherence to the **“do no harm”** principle (see section B, page 86 for more information on this concept): conduct ongoing consultations with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects (e.g., female latrines located in a dark area that puts women and girls at increased risk of violence). Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These measures allow early identification of negative effects of the programme so that these can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities (see section B, page 58 for more information). Evaluation is a process that helps to improve current and future shelter programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation of and access to services by women, girls, men and boys from the onset of programme planning to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, boys or men were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


**KEY RESOURCES**


Gender equality and specific sectors

This chapter explains how to integrate gender equality into water, sanitation and hygiene (WASH) programming. You can find information on why it is important to incorporate gender equality in WASH programming and key standards and resources for future reference.

The chapter begins with an overall checklist which explains key actions for a WASH programme which need to be carried out at each stage of the Humanitarian Programme Cycle (HPC). After this checklist, you can find more detail on how to undertake gender equality programming in each phase of the HPC. This includes practical information on how to carry out a gender analysis, how to use the gender analysis from the design through to implementation, monitoring and review and how to incorporate key approaches of coordination, participation, GBV prevention and mitigation, gender-adapted assistance and a transformative approach into each one of those phases. Relevant examples from the field are used to illustrate what this can look like in practice.
Why is it important to incorporate gender equality in WASH programming?

Humanitarian crises impact access to clean water and adequate hygiene and sanitation facilities by women, girls, men and boys in different ways. For example, women and girls often bear the responsibility for water collection. Women and girls also have special needs in terms of sanitation facilities. Travelling long distances to water points and unsafe sanitation facilities can increase the risk of harassment or assault of women and girls and other at-risk groups such as some LGBTI individuals or persons with disabilities. Understanding gender-based needs, roles and capabilities is essential in designing appropriate WASH facilities.

Women and girls are also often an untapped source of knowledge regarding cultural WASH practices, which must be understood in order to effectively promote public health through hygiene.

Effectively integrating gender equality into WASH programming will achieve the following goals:

- **Safeguard hygiene and the right to water for women, girls, men and boys.** Understanding the distinct WASH practices of women, girls, men and boys is critical to implementing a safe and effective programme. For instance, programming that builds upon the affected population's own experiences and knowledge is more likely to meet their WASH needs.

- **Reduce public health risks.** Understanding the respective needs, roles and capabilities of women, girls, men and boys helps to promote access to and the appropriate use of facilities. For example, facilities that afford privacy encourage women and girls to use them as they lessen embarrassment and the fear of violence. Facilities specifically designed for younger girls and boys, i.e., with a smaller toilet bowl and lower washbasin, also encourage use.

- **Build safer communities.** Implementing current standards of safety and privacy is vital to preventing and mitigating protection risks. For example, placing tap points in secure locations and the design of containers that can be rolled and carry sufficient volume reduces exposure of women, girls and boys to violence and frees up precious time for other tasks.

- **Promotes dignity for all.** Consulting women, girls, men, boys and LGBTI individuals on the design and location of WASH services and facilities is essential for promoting dignity. For example, consulting women on the provision of adequate hygiene materials and a private space to dispose or clean the items helps women and girls to maintain their self-respect and reproductive health.

- **Promotes ownership and sustainability.** Encouraging the participation of women and men as leaders in WASH service provision can improve both the health of households and the quality of programming by assigning public health outreach roles to the most suitable persons. In some cultures, women are key actors in influencing the health of the household, whilst in others it is men.

**Integrating gender equality and WASH in the Humanitarian Programme Cycle**

This outlines the necessary actions that front-line humanitarian actors such as United Nations agencies, local and international NGOs and government agencies need to take to promote gender equality in the WASH sector at each stage of the HPC.
<table>
<thead>
<tr>
<th>Stage of the Humanitarian Programme Cycle</th>
<th>Key Gender Equality Actions</th>
</tr>
</thead>
</table>
| 1 Needs assessment and analysis          | • Collect and analyse sex-, age- and disability-disaggregated data on needs, priorities and capabilities relating to WASH.  
• Conduct a gender analysis as part of WASH needs assessments and analyse the findings. |
| 2 Strategic planning                     | • Integrate gender equality into WASH programme design for the response, utilizing the findings from the gender analysis and other preparedness data.  
• Ensure a demonstrable and logical link between the gender-specific needs identified for the WASH sector, project activities and tracked outcomes.  
• Apply gender markers to WASH programme designs for the response. |
| 3 Resource mobilization                  | • Apply gender markers to WASH programmes in the response.  
• Include information and key messages on gender and the WASH sector for inclusion in the initial assessment reports to influence funding priorities.  
• Report regularly to donors and other humanitarian stakeholders on resource gaps on gender within the WASH sector. |
| 4 Implementation and monitoring         | • Implement WASH programmes which integrate gender equality and inform women, girls, men and boys of the resources available and how to influence the project.  
• Develop and maintain feedback mechanisms for women, girls, men and boys as part of WASH projects.  
• Apply gender markers to WASH programmes in the response.  
• Monitor the access to WASH assistance by women, girls, men and boys and develop indicators designed to measure change for women and girls or men and boys based on the assessed gaps and dynamics. |
| 5 Gender operational peer review and evaluation | • Review projects within WASH sector and response plans. Assess which women and girls, men and boys were effectively reached and which were not and why.  
• Share good practices around usage of gender markers and address gaps. |
Gender analysis takes place at the assessment phase and should continue through to the monitoring and evaluation phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–36 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency.

Standard WASH assessments can be adapted to put emphasis on gender and the particular experiences, needs, rights and risks facing women, girls, men, boys, LGBTI individuals, people with disabilities, people of different ages and ethnicities and other aspects of diversity. The assessment should ask questions about the needs, roles and dynamics of women, girls, men and boys in relation to the WASH sector and how the other dimensions of diversity (e.g., disability, sexual orientation, gender identity, caste, religion) intersect with them.

Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. To be effective, SADD must be both collected and analysed to inform programming. In circumstances where collection of SADD is difficult, estimates can be provided based on national and international statistics, data gathered by other humanitarian and development actors or through small sample surveys. When SADD are not available or very outdated, there are methods can be used to calculate it (see section B, page 48). In order to respond to specific needs in the WASH sector, it is important to collect SADD on the number of males and females aged 0–5 years, 6–11 years, 12–17 years, 18–25 years, 26–39 years, 40–59 years and 60+ years, and on other diversity factors. Along with the gender analysis, the numbers will help you to understand how many segregated toilets and handwashing facilities are required, the appropriate height of door handles, the need for elevated pits and rails, etc. (See more on data in section B, pages 39–41). In addition to using SADD, depending on the context, it can be important to disaggregate the data based on such other diversity factors as ability, ethnicity, language spoken, level of income or education.

The following table summarizes the key moments during an emergency response where gender analysis should be carried out and what kind of deliverables should be produced. These should be produced at the level of the cluster (with the cluster lead accountable) and/or the individual agency (with the emergency response coordinator accountable).
### KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

<table>
<thead>
<tr>
<th>TIMEFRAME</th>
<th>ACTIVITY</th>
<th>DELIVERABLE</th>
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<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td><strong>Develop gender snapshot/overview for the country; review pre-existing gender analysis from NGOs, the Government and United Nations agencies.</strong></td>
<td><strong>Snapshot (6 pager)</strong>&lt;br&gt;<a href="https://tinyurl.com/ycwk3r7z">https://tinyurl.com/ycwk3r7z</a>&lt;br&gt;<strong>Infographic</strong></td>
</tr>
<tr>
<td><strong>First week of a rapid-onset emergency</strong></td>
<td><strong>Review of gender snapshot prepared before the emergency and edited as necessary. Circulate to all emergency response staff for induction.</strong>&lt;br&gt;<strong>Identify opportunities for coordination with existing organizations working on gender issues.</strong>&lt;br&gt;<strong>Carry out a rapid gender analysis, which can be sectoral or multisectoral, integrating key questions for the WASH sector (see later on in this chapter for examples). Conduct sectoral or multisectoral rapid analysis and consult organizations relevant to the sector.</strong></td>
<td><strong>Briefing note (2 pager)</strong>&lt;br&gt;identifying strategic entry points for linking humanitarian programming to existing gender equality programming&lt;br&gt;<a href="https://tinyurl.com/yao5d8vs">https://tinyurl.com/yao5d8vs</a>&lt;br&gt;<strong>Map and contact details of organizations working on gender in the country</strong>&lt;br&gt;<strong>Rapid gender analysis report</strong>&lt;br&gt;<a href="https://tinyurl.com/y9fx5r3s">https://tinyurl.com/y9fx5r3s</a></td>
</tr>
<tr>
<td><strong>3 to 4 weeks after the rapid analysis</strong></td>
<td><strong>Carry out a sectoral gender analysis adapting existing needs analysis tools and using the types of questions suggested later on in this chapter. Carry out a gender-specific analysis of data collected in the needs assessment.</strong></td>
<td><strong>Sectoral gender analysis report</strong>&lt;br&gt;<a href="https://tinyurl.com/y9xt5h4n">https://tinyurl.com/y9xt5h4n</a></td>
</tr>
<tr>
<td>TIMEFRAME</td>
<td>ACTIVITY</td>
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<tr>
<td>2 to 3 months after the start of the emergency</td>
<td>Identify opportunities for an integrated comprehensive gender analysis building on pre-existing gender partnerships. Ensure there is a baseline that captures SADD, access to humanitarian assistance, assets and resources and level of political participation. Analyse the impact of the crisis, changes in ownership patterns, decision-making power, production and reproduction and other issues relating to the sector. Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&amp;E plans, baselines and post-distribution monitoring. Carry out an analysis of internal gender capacities of staff (identify training needs, level of confidence in promoting gender equality, level of knowledge, identified gender skills).</td>
<td>Concrete questions into (potentially ICT-enhanced) questionnaire. Comprehensive gender assessment report <a href="https://tinyurl.com/ybyerydk">https://tinyurl.com/ybyerydk</a> and <a href="https://tinyurl.com/ybsqzvjz">https://tinyurl.com/ybsqzvjz</a> Inputs to planning, monitoring and evaluation-related documents 1-page questionnaire Survey report Capacity-strengthening plan</td>
</tr>
<tr>
<td>response</td>
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<tr>
<td>6 months after the response (assuming it is a</td>
<td>Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices. The report will feed into a gender learning review half way through the response.</td>
<td>Gender equality review report with an executive summary, key findings and recommendations.</td>
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<tr>
<td>large-scale response with a year-long timeline)</td>
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<tr>
<td>1 year or more after the humanitarian response</td>
<td>Conduct an outcome review of the response looking at the performance on gender equality programming. This needs to be budgeted at the beginning of the response. The report is to be shared in the response evaluation workshop and to be published.</td>
<td>Gender equality outcome evaluation with an executive summary, findings and recommendations. <a href="https://tinyurl.com/p5rqqut">https://tinyurl.com/p5rqqut</a></td>
</tr>
</tbody>
</table>
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports as well as gender country profiles, such as those produced by UNICEF, Oxfam, CARE and others. These should be supplemented with participatory data collection from everyone affected by the crisis and/or the programme such as through surveys, interviews, community discussions, focus group discussions, transect walks and storytelling.

THE GENDER ANALYSIS FOR WASH SHOULD ASSESS:

• **Population demographics.** What was the demographic profile of the population disaggregated by sex and age *before the crisis?* And what has changed since the crisis or programme began? Look at the number of households and average family size, number of single- and child-headed households by sex and age, number of people by age and sex with specific needs, number of pregnant and lactating women. Are there polygamous family structures?

• **Gender roles.** What were the roles of women, girls, men and boys relating to WASH? How have these roles changed since the onset of the crisis? What are the new roles of women, girls, men and boys and how do they interact? How much time do these roles require?

• **Decision-making structures.** What structures did the community use to make WASH decisions before the crisis and what are these now? Who participates in decision-making spaces? Do women and men have an equal voice? How do adolescent girls and boys participate?

• **Protection.** What protection risks did specific groups of women, girls, men and boys face before the crisis? What information is available about protection risks since the crisis began or the programme started? How do legal frameworks affect gender and protection needs and access to justice?

• **Gendered needs, capacities and aspirations.** What are the WASH-related needs, capacities and aspirations of women, girls, men and boys in the affected population and/or programme? This should include an assessment of water collection and practices around sanitation and hygiene.

POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO WASH:

• What are women's and girls' menstruation needs in the catchment area? Are women's and girls' menstruation needs impacting their access to other services? Are schools equipped with menstrual hygiene materials?

• What types of hygiene materials are appropriate to distribute to women, girls, men and boys? Are these culturally appropriate?

• Are there any barriers to WASH services and facilities for specific groups of people, for example LGBTI individuals or some persons with disabilities? What particular gender-related cultural practices should be considered in relation to determining the types of toilets or bathing facilities to be installed?

• What are the gender- and age-related responsibilities related to WASH? Who collects water and how often? Is water collection affecting school attendance?

• Who is responsible for children's hygiene? If women are responsible for their own and their families' hygiene status, what knowledge and skills do they have?

• Are WASH facilities secure? How many hours are spent travelling to and from water points? Is there a queue at the main water point and who is in the queue? If water is pumped at given times, are these convenient and safe for those who are collecting water?

• Has the crisis impacted hygiene practices for women, girls, men and boys and access to WASH facilities?

• Are women, girls, men and boys actively involved in community activities relating to WASH? Are women involved in decision-making in WASH committees?

• Who takes decisions about how water is used in the household and how it is allocated?
KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN NUTRITION PROGRAMMING

Coordination

GOOD PRACTICE
» Work with women’s rights and LGBTI organizations and inter-agency/intersectoral gender working groups (if established) to understand what approaches and solutions other agencies are adopting to provide gender equality in WASH programming.

BE AWARE!
» Be aware of possible biases in information collection and analysis. For instance, if women were not consulted, the identified priorities do not reflect the needs and priorities of the whole community.

Participation

GOOD PRACTICE
» Ensure an equal balance of men and women on the WASH assessment team to ensure access to women, girls, men and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.

» Look for particular expertise or training by local LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to WASH.

» Undertake a participatory assessment with women, girls, men, boys and LGBTI individuals. Set up separate focus group discussions and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities. This approach facilitates a clearer understanding of the differing levels of the beneficiaries consulted to better identify their needs, capacities and priorities relating to WASH.

» Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men and boys in the response.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

BE AWARE!
» Advertise meetings through accessible media for those with disabilities, low literacy and from linguistic minority groups. Engage female and male translators to assist beneficiaries.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI population in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.
GBV prevention and mitigation

GOOD PRACTICE
» Use this handbook in conjunction with the IASC Guidelines for Implementing Gender-Based Violence Interventions in Humanitarian Action.
» Train staff on how to refer people to GBV services.

BE AWARE!
» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
» Be careful not to probe too deeply into culturally sensitive or taboo topics (e.g., gender equality, reproductive health, sexual norms and behaviours, etc.) unless relevant experts are part of the assessment team.
» Always be aware of the ethical guidelines in social research when collecting information directly from vulnerable groups and others.

Gender-adapted assistance

GOOD PRACTICE
» Identify groups with the greatest WASH support needs, disaggregated by sex and age.
» Assess the barriers to equitable access to WASH programmes/services, disaggregated by sex and age.

BE AWARE!
» To identify the differentiated needs of women, girls, men and boys, be aware of potential barriers to their participation in the needs assessment (see participation section on the previous page for further advice on this).

Transformative approach

GOOD PRACTICE
» Identify opportunities to challenge structural inequalities between women and men, and to promote women’s leadership within the WASH programme.
» Invest in targeted action to promote women’s’ leadership, LGBTI rights and reduction of GBV.

BE AWARE!
» Ensure that any negative effects of actions within the WASH programme that challenge gender norms are analysed in order to mitigate them and to ensure the programme upholds the “do no harm” principle (see section B, page 86 for more information on this concept).
Once the needs and vulnerabilities of all members of the crisis-affected population have been identified during the needs assessment and analysis phase of the HPC, this data and information can be used to strategically plan the response intended to address them.

Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the WASH sector, thus ensuring that the identified needs are addressed. This information needs to be developed in the results-based framework that will be the base for monitoring and evaluation later on in the programme cycle.

The strategic planning should also take into account the key approaches explained in the previous HPC phase (needs assessment and analysis) of coordination, participation, GBV prevention and mitigation, and transformative approach. If these have been considered adequately in that phase together with the gender analysis, the planning should be adequately informed. Gender markers should also be applied at this phase (see section B, pages 48–51 for more information).

At the strategic planning stage, indicators should be developed to measure change for women, girls, men and boys.

Use sex- and age-sensitive indicators to measure if all groups’ needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what has changed due to the assistance, for whom and in what timeframe. Compare the different rates by sex and age of the respondents.

The following table shows examples of the development of objectives, results and activities with associated indicators based on the outcome of a gender analysis:
<table>
<thead>
<tr>
<th>GENDER ANALYSIS QUESTIONS</th>
<th>ISSUES IDENTIFIED</th>
<th>SPECIFIC OBJECTIVES</th>
<th>SPECIFIC OBJECTIVE INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do women, girls, men and boys feel safe using WASH facilities at all times of day and night?</td>
<td>Women, girls and boys do not feel safe using sanitation facilities because:</td>
<td>Women, girls, men and boys feel safe when accessing sanitation services.</td>
<td>Percentage of women, girls, men and boys, who report feeling safe while accessing sanitation services.</td>
</tr>
<tr>
<td></td>
<td>• showers/toilets are too far away from homes;</td>
<td>Decreased incidence of diseases transmitted as a result of poor hand hygiene among children and their caregivers.</td>
<td>Decrease in the percentage of children and their caregivers contracting diseases as a result of improper handwashing</td>
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<td></td>
<td>• paths to facilities are risky at night;</td>
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<tr>
<td></td>
<td>• lack of privacy;</td>
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<td></td>
<td>• boys and girls are unable to wash their hands as they are unable to reach basins, there is no soap at basins in schools or they have poor knowledge of the benefits of handwashing with soap.</td>
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<tr>
<td>Who collects water and how often? Is there a queue at the main water point and who is in the queue?</td>
<td>Collecting water puts a high time-burden on women, girls and boys if water pressure is low, the tap points are hard to use, awkward to access or far from home, or water containers are either too small or difficult to carry.</td>
<td>Improved health conditions as a result of appropriate and sufficient access to water.</td>
<td>A decrease in the percentage of sickness resulting from poor water intake among targeted populations</td>
</tr>
<tr>
<td>Are there any barriers to WASH services and facilities for specific groups of people?</td>
<td>Some LGBTI individuals face discrimination or violence when using communal latrines or bathing facilities designated for men or women.</td>
<td>LGBTI individuals feel safe accessing WASH facilities.</td>
<td>A decrease in the percentage of back and joint injuries and pain among women and girls</td>
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<td></td>
<td></td>
<td></td>
<td>Percentage of LGBTI individuals who report feeling safe accessing WASH facilities.</td>
</tr>
<tr>
<td>EXPECTED RESULTS</td>
<td>EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)</td>
<td>GENDER-ADAPTED PROGRAMMING ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------</td>
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<tr>
<td>The outputs of the intervention that will achieve the specific objective</td>
<td>Indicators to measure the extent the intervention achieves the expected result</td>
<td></td>
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</tr>
<tr>
<td>Sanitation and hygiene locations are designed and equipped with necessary safety measures.</td>
<td>Number and percentage of sanitation and hygiene locations equipped with necessary safety measures</td>
<td>Ensure that sanitation facilities have sufficient lighting, provide privacy, have locks on the inside and are located in sites.</td>
<td></td>
</tr>
<tr>
<td>Security patrols play a role in reinforcing protection measures around sanitation and hygiene locations.</td>
<td>Number and percentage of incidents reported around sanitation locations decrease</td>
<td>Establish community-based security patrols of facilities and collection points.</td>
<td></td>
</tr>
<tr>
<td>Women, girls, men and boys are aware of the importance of handwashing in limiting some types of diseases.</td>
<td>Number and percentage of women, girls, men and boys who report understanding the importance of handwashing</td>
<td>Provide adequate lighting on paths to sanitation facilities (if there is electricity), or provide “night pots” or torches.</td>
<td></td>
</tr>
<tr>
<td>More efficient and accessible water collection and transportation for women, girls and boys.</td>
<td>Percentage of women, girls, men and boys reporting satisfaction with the accessibility of water points and water containers</td>
<td>Assign allowed gathering areas with appropriate lighting.</td>
<td></td>
</tr>
<tr>
<td>More men are engaged in water collection and transportation.</td>
<td>Number and percentage of men engaged in water collection and transportation (increase over baseline)</td>
<td>Equip the WASH locations with standard amenities (steps at the base of basins, soap on a rope) and install handwashing stations.</td>
<td></td>
</tr>
<tr>
<td>More accessible WASH facilities for LGBTI individuals who were facing discrimination.</td>
<td>Percentage and number of LGBTI individuals who access WASH facilities</td>
<td>Conduct awareness-raising sessions on the importance of handwashing.</td>
<td></td>
</tr>
<tr>
<td>Improve water supply conditions (water pressure, platforms so water containers are filled at a convenient height).</td>
<td></td>
<td>Work with relevant LGBTI groups and protection colleagues to identify safe strategies and WASH facilities, for example, facilities at the household level.</td>
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<tr>
<td>Provide easy-to-transport collection containers.</td>
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<tr>
<td>Raise the awareness of community members on the importance of sharing household chores related to collection and transportation of water.</td>
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</table>
3 Resource mobilization

Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

Key steps to be taken for effective resource mobilization include:

- Humanitarian actors need to engage in advocacy and partnership with donors to mobilize funds for addressing gaps in the particular needs, priorities and capacities of women, girls, men and boys.

- To mobilize resources around priority actions, support the WASH cluster with information and key messages on the distinct needs of women, girls, men and boys and plans developed to meet these needs.

- Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process. There are several different but related markers (see section B, pages 48–51 for more information).

Examples of commitments, activities and indicators that donors typically look for can be consulted in the IASC Gender Marker Tip Sheets. In the WASH tip sheet, examples of commitments include:

- Analyse the impact of the crisis on women, girls, men and boys and what this entails in terms of division of labour/tasks, workload and access to WASH services;

- Take specific actions to reduce GBV, consulting women and girls at all stages of a WASH programme, particularly about the location and design of water points, showers and toilets, in order to reduce time spent waiting and collecting water and to mitigate the incidence of violence;

- Ensure that women, girls, men and boys can access WASH services safely and equally, with separate blocks of latrines and showers, with a ratio of six latrines and shower stalls for women to four for men, doors that are lockable from the inside and use of pictograms to indicate female and male facilities.
4 Implementation and monitoring

Once the resources have been mobilized, the next stage of the HPC is the implementation and monitoring of the programme.

Implementation

In order to ensure that WASH programmes integrate gender equality throughout, the following key actions need to be taken into consideration:

• Tailor programme activities to the specific WASH-related needs, capacities and priorities of all women, girls, men and boys.

• Inform women, girls, men and boys of the resources available and how to influence the programme.

• Develop and maintain feedback mechanisms for women, girls, men and boys as part of WASH programmes.

Note that the ability to safely access these mechanisms can be different for women, girls, men and boys and as such provisions should be made to facilitate their inclusion. Other diversity factors such as caste, age and disability should also be taken into account to ensure access to all aspects of the WASH programme.

To ensure that the programme adheres to good practice, several key standards relating to gender equality should be integrated across the planning, implementation and monitoring stages. These standards relate to the following areas (and are explained in more detail in the table that follows).

• Coordination
• Participation
• GBV prevention and mitigation
• Gender-adapted assistance
• Transformative approach

KEY MONITORING TOOL:

The Minimum Commitments for the Safety and Dignity of Affected People

The Minimum Commitments for the Safety and Dignity of Affected People ("the WASH Minimum Commitments") aim to improve the quality and efficiency of WASH response programmes in every context by ensuring that all WASH partners in a particular humanitarian response take into consideration such key issues as gender, GBV, disability and age.

The development of the commitments involves reflection and dialogue among WASH partners on how efficient their response is at addressing the assistance and protection needs of the affected communities; to understand how to deliver services and aid that assist all segments of the population, while placing no one at risk; and how to promote gender equality and the empowerment of women and girls in all WASH interventions.

Between November 2014 and December 2015, as part of the global WASH cluster piloting project, CARE undertook the piloting of the Minimum Commitments in Nepal, Lebanon and Niger. The piloting concluded that the tool offers WASH teams an opportunity to self-assess the quality of their interventions in reaching and addressing the needs of the most vulnerable; and that the commitments and questionnaire were helpful in integrating the commitments into practice.
Good practice

In IDP camps in Sri Lanka in 2009, Oxfam’s water and sanitation intervention comprised provision of toilets, bathing spaces, menstrual hygiene units, *ghats* (communal washing spaces designed to reduce women’s workload) and water tanks for provision of safe drinking water. Violence against women, which was an issue even before the 2004 tsunami, was exacerbated in the aftermath of the disaster. The Oxfam intervention was linked with an ongoing campaign, “WE CAN END ALL VIOLENCE AGAINST WOMEN”, and messages were painted on WASH facilities.

ADAPTED FROM: OXFAM. 2010. IDEAS THAT WORK: PREVENTING VIOLENCE AGAINST WOMEN THROUGH WATER AND SANITATION INTERVENTIONS IN EARLY EMERGENCY RESPONSE
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN WASH PROGRAMMING

Coordination

GOOD PRACTICE

» Identify local women's rights groups, networks and social collectives — in particular informal networks of women, youth, people with disabilities and LGBTI groups — and support their participation in programme design, delivery and monitoring, and ensure they have a role in coordination.

» Coordinate with other humanitarian service providers to ensure gender-related WASH considerations are included across all sectors.

» Support the Humanitarian Needs Overview and Humanitarian Response Plan using a gender analysis of the situation of women, girls, men and boys relating to the WASH sector and sex- and age-disaggregated data.

BE AWARE!

» Be aware that the experiences and needs of LBGTI people may be very different and so coordination with local groups that represent these individuals is important to fully understand their needs and how to tailor a response.

Participation

GOOD PRACTICE

» Implement a representative and participatory design and implementation process — accessible to women, girls, men and boys — including priority hygiene items, water points, laundry and bathing facilities, sanitation facilities and waste disposal. Give priority to the participation of girls, particularly adolescents, and women in the consultation process.

» Strive for 50 per cent of WASH programme staff to be women. Ensure an equal distribution between men and women of significant and appropriate roles such as water monitors and hygiene promoters.

» Provide training for men and women in construction, operation and maintenance of WASH facilities.

» Consult with women and girls on menstrual hygiene management to identify culturally appropriate materials.

» Ensure that women, girls, men and boys participate meaningfully in WASH sector programmes and are able to provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.

» Women, girls, men and boys must be able to voice their concerns in a safe and open environment and if necessary speak to female humanitarian staff.

» Consult diverse women, girls, men and boys in assessing the positive and possible negative consequences of the overall response and specific activities. Include people with mobility issues and their care providers in discussions. Be proactive about informing women about forthcoming meetings, training sessions, etc. and support them in preparing well in advance for the topics.

» Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care, throughout the programme cycle.
BE AWARE!

» Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decisions, while guaranteeing confidentiality regarding their personal situations and without exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

» Avoid placing women in situations where the community is simply responding to the expectations of external actors and there is no real, genuine support for their participation.

» Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban of open LGBTI groups in some cultures, etc.) that can hinder the safe participation of women, girls and LGBTI individuals in community forums.

» Where women, girls, men and boys participate in mixed groups, address any barriers that stem from gender norms such as men’s voices carrying more weight.

» Ensure that meeting spaces are safe and accessible for all. Where women’s voices cannot be heard, look for other ways to get their opinions and feedback.

» In some contexts, it may be necessary to negotiate with community leaders prior to talking with women community members in order to avoid backlash.

GOOD PRACTICE

» Follow the guidance for the WASH sector in the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Response.

» Prevention and response to GBV is a key cross-cutting priority in WASH programming and requires a coordinated effort across planning, implementation and monitoring of response efforts.

» Do no harm: identify early potential problems or negative effects by consulting with women, girls, men and boys, using complaints mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. (See section B, page 86 for more information on this concept).

» Measures to ensure safety, respect, confidentiality and non-discrimination in relation to survivors and those at risk are vital considerations at all times.

» Employ and retain women and other at-risk groups as staff members.

» Ensure that bathing and sanitation facilities have sufficient lighting; provide privacy; and have locks on the inside along with solid doors and walls and other measures to enhance protection from violence. Ensure that they are they located in safe sites previously agreed on with women, girls, men and boys (e.g., toilets should be no more than 50 meters from homes, with 20 people using each toilet).
GBV prevention and mitigation (continued)

» Place water points no more than 500 meters from households.
» Provide adequate lighting on paths to sanitation facilities (if there is electricity), or provide “night pots” or torches.
» Preposition age-, gender-, and culturally-sensitive GBV-related supplies where necessary and appropriate.
» Train staff on the organization’s procedure if they are presented with information about possible cases of GBV, as well as how to orient people to GBV referral services.
» Include a GBV specialist or at least one protection staff member who has GBV expertise in any WASH monitoring that specifically examines GBV issues or incidents. Ensure that protection monitoring processes adhere to guiding principles related to GBV.
» Reduce protection risks by making sure that the quickest and most accessible routes are used by women and girls, e.g., to collect water.
» Take measures to prevent sexual exploitation and abuse by humanitarian actors.

BE AWARE!

» Don’t share data that may be linked back to a group or an individual, including GBV survivors.
» Avoid singling out GBV survivors: Speak with women, girls and other at-risk groups in general and not explicitly about their own experiences.
» Do not make assumptions about which groups are affected by GBV, and don’t assume that reported data on GBV or trends in reports represent actual prevalence and trends in the extent of GBV.
» Don’t collect information about specific incidents of GBV or prevalence rates without assistance from GBV specialists.
» The environment in which assistance is provided should, as far as possible, be safe for the people concerned. People in need should not be forced to travel to or through dangerous areas in order to access assistance. Where camps or other settlements are established, these should be made as safe as possible for the inhabitants and be located away from areas that are subject to attack or other hazards.
KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN WASH PROGRAMMING (CONTINUED)

Gender-adapted assistance

GOOD PRACTICE

» Analyse, share with relevant actors and use the results and data to inform humanitarian response priorities and target the right people. Assess all WASH programming to ensure that gender-related considerations are included throughout.

» Always try to prioritize household toilet and bathing facilities. If these are not possible, support facilities shared by a maximum of 2–3 families.

» Communal latrines and bathing facilities should always be gender-segregated with clear signage for women and men. Disaggregated population data should be used to plan the number of women’s cubicles to men’s using a ratio of 3:1.

» Work with protection colleagues to identify safe strategies for identifying WASH solutions for LGBTI people. Household latrines or unisex communal latrines may be the best solutions, depending on the context.

» Support women and girls to manage their menstrual hygiene confidently, in privacy and with dignity, including provision for discreet laundering or disposal of menstrual hygiene materials (including in toilets) and private areas for women to wash undergarments. Provide information and opportunities for girls and women to discuss good menstrual hygiene management.

» Provide additional non-food items that support the management of menstruation or incontinence.

» Ensure that hand-pumps and water containers are women- and girl-friendly and designed in ways to minimize time spent on water collection.

» Ensure that WASH facilities are culturally sensitive and take account of practices relating to hygiene (for example whether women are comfortable using toilets cleaned by men).

BE AWARE!

» Do not assume that all will benefit from humanitarian programming equally. Use the distinct needs, roles and dynamics for women, girls, men and boys (as per the gender analysis) to define specific actions to address each need and consider options suggested by women, girls, men and boys.

» Consider how far women need to walk to fetch water, and if they are physically unable to walk far enough to get water or to feeding centres, adapt the response.

» Construction should be women-friendly, e.g., hand-pumps are labour intensive and often not designed for women to use.

» Special measures should be taken to facilitate access by vulnerable groups, while considering the context, social and cultural conditions and behaviours of communities. Such measures might include the construction of safe spaces for people who have been the victim of abuses such as rape or trafficking, or facilitating access for people with disabilities. Any such measures should avoid the stigmatization of these groups.
GOOD PRACTICE

» Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related WASH issues.

» Promote women's leadership in WASH committees and agree on representation quotas for women with the community prior to any process for elections.

» Work with community leaders (women and men) to sensitize the community about the value of women's participation.

» Use paid work in WASH-focused enterprises to promote women's economic empowerment as a way to address underemployment.

» Conduct hygiene promotion sessions with both mothers and fathers. Ask about the challenges they face in ensuring proper hygiene for them and their families in camps and temporary shelters.

» Provide information and opportunities for girls and women to discuss good menstrual hygiene practices and for men and boys also to learn about menstruation and how to support women and girls.

» Raise awareness with and engage men and boys as champions for women's participation and leadership.

» Engage women, girls, men and boys in non-traditional gender roles.

» Support women to build their negotiating skills and strategies and become role models within their communities by encouraging them to take on leadership roles.

» Help to establish women's, girls' and youth groups and enable them to undertake leadership roles within the community.

BE AWARE!

» Attempting to change long-held gender dynamics in society can cause tensions. Keep lines of communication open with beneficiaries and ensure that measures are in place to prevent backlash.

» Powerful refugee and displaced men often feel most threatened by strategies to empower women in the community, as they see this as a direct challenge to their own power and privilege (even if limited).
Monitoring

Monitor the access to and quality of WASH sector assistance by women, girls, men and boys as well as the changes relating to meeting women’s strategic needs. The monitoring should also assess how the WASH programme has contributed through meaningful and relevant participation and a transformative approach including promotion of women’s leadership. Sex- and age-disaggregated data (SADD) are a core component of any gender analysis and essential for monitoring and measuring outcomes. Use gender markers to assess how well a programme incorporates gender equality into planning and implementation and provide guidance on how to improve the process (see section B, pages 48–51 for more information).

Monitoring for the WASH sector can, for example, measure how women and girls (aged 11–17 and 18–40 years) benefited from the supply of rollable water drums by measuring how much more quickly they are able to fetch their households’ water needs compared to previous methods. Monitor rates of service access according to the sex and age of participants (e.g., attending hygiene promotion sessions, use of latrines, use of washing cubicles, etc.) or of households (e.g., delivered water) as well as progress on indicators based on issues (e.g., proportion of proposals from women’s committees accepted by camp management).

Monitor that the WASH programme adheres to the “do no harm” principle (see section B, page 86 for more information on this concept): conduct ongoing consultation with women, girls, men and boys, and undertake observation/spot checks to identify early potential problems or negative effects, e.g., latrines for females located in a dark area that puts women and girls at increased risk of violence. Feedback mechanisms as part of monitoring are also critical (see section B, page 84 for more information on these). These measures allow early identification of negative effects of the programme so they can be addressed in a timely manner so as to prevent GBV or further abuse of women’s rights.

Good practice

Gender analyses as part of the monitoring process can reveal problems that an initial assessment might not pick up. For example, in one location, double latrines were set up, with those for males on one side and for females on the other. The separation between the two sides was not sturdy enough and women reported that men sometimes made holes to peep at them while they were using the toilet. In the IDP settlement, there were no latrines and the water point was a 7-minute walk away. Men tended to bathe at the water point, whereas women carried the water back to the makeshift bathing spaces barely protected with semi-transparent plastic.

ADAPTED FROM: UNHCR. 2016. WASH, PROTECTION AND ACCOUNTABILITY PAPER
The primary purpose of the operational peer review and evaluation stage is to provide humanitarian actors with the information needed to manage programmes so that they effectively, efficiently and equitably meet the specific needs, and priorities of crisis-affected women, girls, men and boys as well as build/strengthen their capacities (see section B, page 58 for more information). Evaluation is a process that helps to improve current and future programming to maximize outcomes and impacts, including analysing how well the transformative approach has been integrated and whether women’s leadership has been promoted, ensuring that strategic as well as practical needs have been addressed.

To ensure people-centred and gender-responsive impacts, it is necessary to review methodologies and processes to determine good practice in providing equal assistance to women and men. Programmes need to be reviewed based on equal participation and access to services by women, girls, men and boys from diverse groups from the onset of programme planning through to implementation. It is necessary to assess gaps in programming, focusing on which women, girls, men or boys were not effectively reached. The use of the gender markers collectively helps to identify gaps to improve programming and response.

**KEY STANDARDS**


3. UNHCR. *WASH Manual for Refugee Settings*. 2015 https://tinyurl.com/y8n2y95n


**KEY RESOURCES**

Annexes

Acronyms
Gender-related definitions
Normative framework
Endnotes
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AAP</td>
<td>Accountability to Affected Populations</td>
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<tr>
<td>ACF</td>
<td>Action against Hunger (Action contre la faim)</td>
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<tr>
<td>CBI</td>
<td>Cash-based intervention</td>
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<tr>
<td>CCCM</td>
<td>Camp coordination and camp management</td>
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<tr>
<td>DAC</td>
<td>Development Assistance Committee of the OECD</td>
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<tr>
<td>DG ECHO</td>
<td>Directorate-General for European Civil Protection and Humanitarian Aid Operations</td>
</tr>
<tr>
<td>DRC</td>
<td>Danish Refugee Commission</td>
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<tr>
<td>ERW</td>
<td>Explosive remnants of war</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<tr>
<td>FGM/C</td>
<td>Female genital mutilation/cutting</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<tr>
<td>GenCap</td>
<td>IASC Gender Standby Capacity Project</td>
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<tr>
<td>HCT</td>
<td>Humanitarian Country Team</td>
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<tr>
<td>HPC</td>
<td>Humanitarian Programme Cycle</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<tr>
<td>ICT</td>
<td>Information and communication technology</td>
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<tr>
<td>IDP</td>
<td>Internally displaced person</td>
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<tr>
<td>IFRC</td>
<td>International Federation of the Red Cross and Red Crescent Societies</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>INEE</td>
<td>Inter-Agency Network for Education in Emergencies</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, gay, bisexual, transsexual and/or intersex</td>
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<tr>
<td>LWF</td>
<td>Lutheran World Federation</td>
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<tr>
<td>MIRA</td>
<td>Multi-sector initial rapid assessment tool</td>
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<tr>
<td>Acronym</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>NFI</td>
<td>Non-food item</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<tr>
<td>NRC</td>
<td>Norwegian Refugee Council</td>
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<tr>
<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
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<tr>
<td>OHCHR</td>
<td>Office of the United Nations High Commissioner for Human Rights</td>
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<tr>
<td>PSEA</td>
<td>Protection from sexual exploitation and abuse</td>
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<tr>
<td>PTA</td>
<td>Parent-teacher association</td>
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<tr>
<td>SADD</td>
<td>Sex- and age-disaggregated data</td>
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<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNHCR</td>
<td>Office of the United Nations High Commissioner for Refugees</td>
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<td>UNMAS</td>
<td>United Nations Mine Action Service</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<tr>
<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<tr>
<td>UN-Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<tr>
<td>VAM</td>
<td>Vulnerability analysis and mapping</td>
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<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WRC</td>
<td>Women's Refugee Commission</td>
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</table>
Gender-related definitions

**Gender**
Gender refers to the socially-constructed differences between females and males — and the relationships between and among them — throughout their life cycle. They are context- and time-specific and change over time, within and across cultures. Gender, together with age group, sexual orientation and gender identity, determines roles, responsibilities, power and access to resources. This is also affected by other diversity factors such as disability, social class, race, caste, ethnic or religious background, economic wealth, marital status, migrant status, displacement situation and urban/rural setting. (Revised definition from the IASC Gender Handbook in Humanitarian Action 2006)

**Gender analysis**
Gender analysis examines the relationships between females and males. It examines their roles, their access to and control of resources and the constraints they face relative to each other. A gender analysis should be integrated into the humanitarian needs assessment and in all sector assessments or situational analyses. (IASC Gender Handbook in Humanitarian Action 2006)

**Gender balance** (or gender parity)
Gender balance is about the equal participation of women and men in all areas of work (international and national staff at all levels, including at senior positions); in programmes that agencies initiate or support (e.g., food distribution programmes) and in decision-making and governance entities. Gender balance, and diversity more broadly, improves the overall effectiveness of our policies and programmes and strengthens humanitarian actors’ ability to serve entire populations. (Adapted from the IASC Gender Handbook in Humanitarian Action 2006.)

**GenCap**
Stands for the Gender Standby Capacity Project (GenCap), an IASC initiative created in 2007 in collaboration with the Norwegian Refugee Council that seeks to strengthen capacity and leadership of humanitarians to carry out and promote gender equality programming. GenCap advisers are deployed to support Humanitarian Coordinators, Humanitarian Country Teams, United Nations agencies, cluster leads, NGOs and Governments. (Humanitarian Response: GenCap)

**Gender continuum**
“The Gender Continuum is a conceptual framework to reflect on the extent to which programming is gender-transformative. The five points in the spectrum include ‘harmful’, ‘neutral’, ‘sensitive’ ‘responsive’ and ‘transformative’.” See CARE Gender Continuum for more information.

**Gender (and age) marker**
A gender and age marker helps determine if an activity or programme is designed well enough to ensure that women, girls, men and boys will benefit equally from it or that it will advance gender equally in another way. (IASC Gender Marker) CARE, ECHO and IASC have gender marker toolkits available online.
Gender equality
Gender equality, or equality between women and men, refers to the equal enjoyment by women and men, girls and boys, of rights, opportunities, resources and rewards. Equality does not mean that women, men, girls and boys are the same; but that their enjoyment of rights, opportunities and life chances are not governed or limited by whether they were born female or male. (IASC Gender Handbook in Humanitarian Action 2006)

Gender equity
Gender equity refers to fairness and justice in the distribution of benefits and responsibilities between women and men, according to their respective needs. It is considered part of the process of achieving gender equality in terms of rights, benefits, obligations and opportunities. (Adapted from WHO ‘Gender Mainstreaming Strategy’, utilized in IASC GBV Guidelines 2015.)

Gender focal points
A humanitarian actor of any gender who is typically a staff member of the United Nations, an international organization or NGO. They are committed to contributing and ensuring the implementation of a gender-responsive humanitarian response. Gender focal points are meant to promote gender equality and mainstream gender to help build the capacities of actors to coordinate effective programming. (UNHCR Terms of Reference for the Sector Gender Focal Points Network, Inter-Agency Task Force, Jordan 2017) https://tinyurl.com/yc9jbbct

Gender identity
Gender identity refers to a person’s innate, deeply felt internal and individual experience of gender, which may or may not correspond to the person’s physiology or designated sex at birth. (UNAIDS Terminology Guidelines) https://tinyurl.com/y79u49nl

Gender mainstreaming
Gender mainstreaming is a strategy for achieving gender equality. Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. (Economic and Social Council Agreed Conclusions 1997/2)
**Humanitarian Response Plan**

Humanitarian Response Plans (HRPs) are required for any humanitarian crisis requiring the support of more than one agency. They are prepared by Humanitarian Country Teams based on a Humanitarian Needs Overview. They are the primary management tools for strategizing and planning responses to set specific objectives that are governed by needs, priorities and are results-based. (Humanitarian Response: Strategic Response Planning 2017)

https://tinyurl.com/yaojowzs

**Empowerment of women**

The empowerment of women concerns women gaining power and control over their own lives. It involves awareness-raising, building self-confidence, expansion of choices, increased access to and control over resources and actions to transform the structures and institutions that reinforce and perpetuate gender discrimination and inequality. (UN-Women. 2001. ‘Important Concepts Underlying Gender Mainstreaming’, utilized in IASC GBV Guidelines 2015)

**Women’s voice**

The capacity to speak up and be heard, from homes to houses of parliament, and to shape and share in discussions, discourse and decisions that affect women. (CARE Gender Equality and Women’s Voice Guidance Note 2016)

**Male engagement**

Efforts towards gender equality that “actively engage men and boys in challenging power dynamics in their own lives as well as in their communities and societies.” Men, Masculinities, and Changing Power: A Discussion Paper on Engaging Men in Gender Equality From Beijing 1995 to 2015

**Sexual and reproductive health and rights**

*Sexual rights* result from the application of existing human rights to sexuality and sexual health. These include the right to receive the highest attainable standard of health in relation to sexuality, including access to sexual and reproductive health-care services. Sexual rights protect all people’s rights to fulfil and express their sexuality with due regard for the rights of others and within a framework of protection against discrimination.

*Reproductive rights* are rights of all persons "to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to the highest attainable standard of sexual and reproductive health."

For more information, see World Health Organization, 2006 a. For definitions of sexual health and reproductive health, see ICPD, 7.2 and 7.3.
Gender-based violence
Gender-based violence (GBV) "is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially-ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private." For more information, see IASC GBV Guidelines 2015.

Sex
The physical and biological characteristics that distinguish males and females. It refers to a person's anatomy and physical attributes such as external and internal reproductive sex organs. (UN-Women 2017 Gender Equality Glossary) https://tinyurl.com/yolzbmtm

Sexual exploitation and abuse
Sexual exploitation and abuse (SEA) is a common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by United Nations, NGO and inter-governmental personnel against the affected population.

PSEA refers to the protection from sexual exploitation and abuse by humanitarian staff. Refer to the PSEA website for more information and tools

Sexual orientation
Sexual orientation refers to a person's capacity for emotional, romantic and sexual attraction for another person. It refers to attractions towards individuals of a different sex/gender or of the same sex/gender. There are three predominant sexual orientations: same sex/gender (homosexuality), towards the opposite sex/gender (heterosexuality) or towards both sexes/genders (bisexuality). (UN-Women 2017 Gender Equality Glossary) https://tinyurl.com/yolzbmtm

Targeted action
Targeted actions are interventions that respond to the disadvantage, discrimination or particular needs of women, girls, boys or men. All targeted actions are based on gender and age analysis. (IASC Gender Marker)

Transformative change
Interventions that seek to target the structural causes, as well as the symptoms of gender inequality, leading to lasting changes in the power and choices women (and men) have over their own lives, rather than just a temporary increase in opportunities. (CARE Gender Equality and Women's Voice Guidance Note 2016)
Protection
Protection refers to all activities aimed at obtaining full respect for the intrinsic rights of all individuals in accordance with international law — international humanitarian, human rights and refugee law — taking into account differences in age, gender, minority or other background. (IASC Emergency Directors Group Preliminary Guidance Note: Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle). For more information, see https://tinyurl.com/zk34bxj

Child (or minor)
Article 1 of the Convention on the Rights of the Child defines a child as "every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier." The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.

Youth
"Youth" is best understood as a period of transition from the dependence of childhood to adulthood’s independence and awareness of our interdependence as members of a community. The United Nations, for statistical consistency across regions, defines ‘youth’, as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. (UNESCO)

Older person
The United Nations uses 60 years to refer to older people. However, in many developed countries, the age of 65 is used as a reference point for older persons as this is often the age at which persons become eligible for old-age social security benefits. In situations of conflict and forced displacement, people may “age” more quickly, and may be considered “old” at 50. There is no exact definition of “old” as this concept has different meanings in different societies. See source for more detailed discussions on definitions that go beyond a chronological age. (UNFPA Report — Ageing in the Twenty-First Century — https://tinyurl.com/ych6ss39)
Diversity
Diversity refers to different values, attitudes, cultural perspectives, beliefs, ethnic backgrounds, nationalities, sexual orientations, gender identity, ability, health, social status, skill and other specific personal characteristics. Whilst age and gender dimensions are present in everyone, other characteristics vary from person to person. These differences must be recognized, understood and valued in each specific context and operation in order to ensure protection for all people. (UNHCR)

LGBTI/sexual and gender minorities
LGBTI stands for “lesbian, gay, bisexual, transgender and intersex” persons. Whilst these terms have increasing global resonance, in different cultures other terms may be used to describe people who form same-sex relationships and those who exhibit non-binary gender identities (such as hijra, meti, lala, skesana, motsoalle, mithli, kuchu, kawein, travesty, muxé, fa’afafine, fakaleiti, hamjensgara and Two-Spirit). In a human rights context, lesbian, gay, bisexual and transgender people face both common and distinct challenges. Intersex people (those born with atypical sex characteristics) suffer many of the same kinds of human rights violations as LGBT people. For more information, see OHCHR LGBT Fact Sheet and IASC GBV Guidelines 2015. UNDP et.al. 2016 Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions (the “TRANSIT”). https://tinyurl.com/kbh3eyd, UNFPA et al. Implementing comprehensive HIV and STI programmes with men who have sex with men. 2015, https://tinyurl.com/y9lhob3z

Persons with disabilities
Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Convention on the Rights of Persons with Disabilities, Article 1).
Normative framework

FURTHER FRAMEWORKS BY SUBJECT

**Child Survivors**  Caring for Child Survivors (UNICEF 2012)  
https://tinyurl.com/yaqljxp2

**Disability**  Disability Inclusion: Translating policy into practice in Humanitarian Action (WRC, 2014)  
https://tinyurl.com/y9jzrfno

**Disaster Risk Reduction**  Sendai Framework  
https://tinyurl.com/omndvlj  
and the UN Plan of Action (UNISDR 2015)  
https://tinyurl.com/y8bh8hxa

**Engaging Men and Boys**  Engaging Men through Accountable Practice (IRC 2014)  
https://tinyurl.com/yawqgdll

**Human Trafficking**  Palermo Protocol (2000)  
https://tinyurl.com/ob43ehx

**LGBTI**  UNHCR Need to Know Guidance Series (UNHCR 2011–2013)  
https://tinyurl.com/yb92e2yx

**Natural Disasters**  Gender and Disaster Sourcebook, Secretary General’s Report on Gender Equality and the Empowerment of Women in Natural Disasters (UNSG, 2014)  
https://tinyurl.com/yc8sm4q3

https://tinyurl.com/ybwatnka

**SEA**  Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse Task Force  
https://tinyurl.com/yofwkawe
BEFORE YOU GO:

Know the international human rights and humanitarian norms, standards and principles underlying all humanitarian work, including do no harm, equality and non-discrimination, participation, accountability and humane treatment. These principles are all based on the dignity of every human being. Always keep these principles in mind when designing and implementing humanitarian work. Learn about the international, regional, and national laws and policies that apply to the State(s) in which you are working, and understand what the State is both required and not required to do, and where the State may be failing to live up to its legal obligations.

INTERNATIONAL LAW

The areas of international law that are relevant to humanitarian work include international human rights law, international humanitarian law and refugee law. These three areas of law comprise the main norms, principles and legal frameworks from which we derive our humanitarian response.

International law provides the basis for principled, norm-based and effective situation analysis and response to a humanitarian crisis. Effective humanitarian action needs to ensure protection of all people affected by preventing, stopping and remedying violations of international law.

Treaties are a significant component of these areas of international law. By ratifying a treaty, signatory States consent to be legally bound by it. States are in some circumstances, however, permitted to make reservations to certain provisions of a treaty through excluding or modifying the legal effect of those provisions in their application to that State.

International law is an important tool for humanitarians as it establishes the legal obligations with which the State, or States in which humanitarians are working must comply. To understand the State's obligations, it is important to know what international law applies to the context in which you are working.

States may also be party to regional treaties (this is especially relevant in the case of internally displaced persons) or have national laws and policies which cover humanitarian and gender equality situations. Communities may have their own standards and practices (sometimes known as customary law); in any case, those practices should comply with international and regional standards. Knowledge of these laws will help you protect the affected population.

For more information on core human rights treaties see: https://tinyurl.com/pzz5ccg

For more information on international human rights instruments applicable to particular groups see: https://tinyurl.com/k8q28ny
<table>
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<tr>
<th>INTERNATIONAL LAW</th>
<th>WHAT IT DOES</th>
<th>RELEVANCE TO GENDER</th>
<th>HOW TO USE IT</th>
<th>KEY INSTRUMENTS</th>
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<tr>
<td><strong>International humanitarian law (IHL)</strong></td>
<td>Applies in armed conflict, IHL consists of a set of conventional and customary norms that limit armed conflict. IHL seeks to protect persons who are not or are no longer actively participating in conflict and regulates and restricts the means and methods of warfare.</td>
<td>IHL provides a two-tiered protection regime for women: <em>general protection</em> which applies to men and women, and <em>specific additional protection</em> that addresses the particular needs of women and aims to achieve gender equality.</td>
<td>IHL sets out many of the core principles which guide humanitarian work, including: non-discrimination; humane treatment; protection of civilians; and specific special protections for women. Undertake design and implementation of all humanitarian activities with these core principles in mind.</td>
<td>The key IHL treaties include the 1907 Hague Regulations, four 1949 Geneva Conventions, <a href="https://tinyurl.com/yal49hzo">https://tinyurl.com/yal49hzo</a> and their 1977 Additional Protocols, <a href="https://tinyurl.com/yc9ytbfz">https://tinyurl.com/yc9ytbfz</a>.</td>
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<tr>
<td><strong>International human rights law</strong></td>
<td>Establishes the rights inherent in all human beings <em>without discrimination</em>. States assume obligations and duties under international law to respect, to protect and to fulfil human rights. States are responsible to prevent, investigate and punish violations. There is a large body of human rights treaties and legal precedents set by various courts.</td>
<td>Human rights law applies equally to women, and provides legal protection for their rights. Pre-existing human rights issues are often exacerbated and new violations occur in humanitarian and conflict situations. International human rights law provides a framework upon which responses and programming can be designed and implemented. This ensures the respect and protection of the human rights of those you are aiming to assist, and to protect their rights from further erosion.</td>
<td>Universal Declaration of Human Rights (1948), <a href="https://tinyurl.com/pnjck5h">https://tinyurl.com/pnjck5h</a> Core international human rights treaties, <a href="https://tinyurl.com/pzz5ccg">https://tinyurl.com/pzz5ccg</a> including the International Covenant on Civil and Political Rights (1966), <a href="https://tinyurl.com/lfh96aub">https://tinyurl.com/lfh96aub</a> International Covenant on Economic, Social and Cultural Rights (1966), <a href="https://tinyurl.com/qxzqf5j6">https://tinyurl.com/qxzqf5j6</a> Convention on the Elimination of All Forms of Discrimination against Women and the Optional Protocol, <a href="https://tinyurl.com/2go57k">https://tinyurl.com/2go57k</a> Declaration on the Protection of Women and Children in Emergency and Armed Conflict, <a href="https://tinyurl.com/ybqvy3r4">https://tinyurl.com/ybqvy3r4</a>; Declaration on the Elimination of Violence against Women <a href="https://tinyurl.com/bjorobv">https://tinyurl.com/bjorobv</a>; The Rome Statute of the International Criminal Court <a href="https://tinyurl.com/bjorobv">https://tinyurl.com/bjorobv</a></td>
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</tr>
<tr>
<td>INTERNATIONAL LAW</td>
<td>WHAT IT DOES</td>
<td>RELEVANCE TO GENDER</td>
<td>HOW TO USE IT</td>
<td>KEY INSTRUMENTS</td>
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<tr>
<td><strong>International refugee law</strong></td>
<td>A set of rules and procedures that aims to protect: (i) persons seeking asylum from persecution; and (ii) those recognized as refugees. International refugee Law overlaps in part with international human rights Law and IHL. Note that whilst IDPs are not covered by the refugee law instruments, they are protected by, amongst others, international human rights law and IHL.</td>
<td>Refugee law applies to the rights and protection of all civilians, including women and girls.</td>
<td>The definition of “refugee” covers gender-based violence and discriminatory acts as part of persecution and asylum claims. All asylum and resettlement processes should be gender-sensitive.</td>
<td>1951 Convention Relating to the Status of Refugees <a href="https://tinyurl.com/yakzv2qs">https://tinyurl.com/yakzv2qs</a>; 1967 Protocol Relating to the Status of Refugees <a href="https://tinyurl.com/zrwrrco">https://tinyurl.com/zrwrrco</a>; Regional instruments (e.g. 1969 Organization of African Unity Convention <a href="https://tinyurl.com/y8x9sc59">https://tinyurl.com/y8x9sc59</a> and the 1984 Cartagena Declaration — <a href="https://tinyurl.com/y9ltrgxy">https://tinyurl.com/y9ltrgxy</a></td>
</tr>
<tr>
<td><strong>International law regarding special groups</strong></td>
<td>Various groups needing special protection have their own body of human rights law. This includes women, children, people with disabilities, minorities, and indigenous peoples. Achieving gender equality is the explicit purpose of some of these treaties, or may be part of the texts protecting other special groups.</td>
<td>Both the Convention and the Committee on the Elimination of Discrimination against Women are particularly important tools for promoting gender equality within States. Other treaties should be used to determine the rights and protections granted to various vulnerable groups.</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women and its Optional protocol (1979) <a href="https://tinyurl.com/2go57l">https://tinyurl.com/2go57l</a>; Convention on the Rights of the Child (1989) — <a href="https://tinyurl.com/nvdsrdy">https://tinyurl.com/nvdsrdy</a>; Convention on the Rights of Persons with Disabilities (2007) — <a href="https://tinyurl.com/hqq9r4q">https://tinyurl.com/hqq9r4q</a></td>
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</table>
Security Council resolutions are legally binding on Member States. Members States and regional organizations may create national action plans which detail how they will implement a specific resolution.

In addition, Security Council resolutions have proven very helpful in providing guidance to United Nations agencies in their humanitarian and peacekeeping response. The resolutions provide a basic framework for the obligations of all agencies to include gender in all of their work. For instance, Security Council resolution 1325 (2000) on women, peace and security was the first resolution to address the disproportionate and unique impact of armed conflict on women.

**BEFORE YOU GO:**

Many humanitarian and peacekeeping agencies and organizations have detailed action plans for the implementation of Security Council resolutions such as the Department of Peacekeeping Operations/Department of Field Support Gender Forward Looking Strategy 2014–2018. Find and read the relevant action plan and understand your organization's obligations and framework for action. Look into the regional or national action plan for the country in which you will be working to understand its obligations and action plan including with regard to the mainstreaming of gender.
<table>
<thead>
<tr>
<th>SECURITY COUNCIL RESOLUTIONS</th>
<th>WHAT IT DOES</th>
<th>RELEVANCE TO GENDER</th>
<th>HOW TO USE IT</th>
<th>KEY INSTRUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women, peace and security</strong></td>
<td>These eight Security Council Resolutions recognize not only the impact of conflict situations on women but also their value and rights in peacebuilding and reconstruction.</td>
<td>These resolutions form the core framework for inclusion of women in conflict and security. There are three pillars to the women, peace and security agenda: participation, prevention and protection.</td>
<td>The resolutions should form base-level guidelines for how your agency operates with respect to gender. They can also be a useful tool for advocacy and lobbying of national, regional, and international bodies that do not account for gender.</td>
<td>1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), 2122 (2013), 2242 (2015) See <a href="https://tinyurl.com/yaolfvgz">https://tinyurl.com/yaolfvgz</a> for more information.</td>
</tr>
<tr>
<td><strong>Protection of civilians</strong></td>
<td>These resolutions aim to ensure that all parties understand their responsibilities to civilians, and specify the obligations for legal and physical protection. These resolutions cover a broad range of issues including sexual violence in conflict.</td>
<td>Protection against gender-based violence is included in these resolutions, particularly resolution 1265, which recognizes the direct and particular impact of armed conflict on women.</td>
<td>Similar to the resolutions on women, peace and security, these form base-level guidelines for agency and State obligations, as well as provide a tool against armed actors.</td>
<td>1265 (1999), <a href="https://tinyurl.com/y6vodaa9">https://tinyurl.com/y6vodaa9</a> 1296 (2000), <a href="https://tinyurl.com/yatsxh5e">https://tinyurl.com/yatsxh5e</a></td>
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<tr>
<td><strong>Children and armed conflict</strong></td>
<td>These resolutions provide concrete provisions to protect children.</td>
<td>Protection of children needs a separate body of tools not covered by the usual gender mechanisms, to accommodate their special needs and vulnerabilities.</td>
<td>In addition to the uses mentioned for other resolutions, the Security Council has established a monitoring and reporting (MRM) mechanism to provide information on violations against children in armed conflict, with the goal of drawing attention to specific violations.</td>
<td>1612 (2005), <a href="https://tinyurl.com/y7ushv2k">https://tinyurl.com/y7ushv2k</a>, 1882 (2009), <a href="https://tinyurl.com/ybmedm9c">https://tinyurl.com/ybmedm9c</a>, 2250 (2015), <a href="https://tinyurl.com/y7j48tpb">https://tinyurl.com/y7j48tpb</a></td>
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</table>
GENDER AND HUMANITARIAN FRAMEWORKS

There are several frameworks on women's human rights, such as the general recommendations of the Committee on the Elimination of Discrimination against Women and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, that should be used to guide our work. In addition to the tools listed below, there are general women's rights frameworks such as the Beijing Platform for Action that are likewise useful. Whilst these are not “binding” documents, they do represent goals, agendas and strategies for how Governments, organizations and the international community can work on women's rights, including in humanitarian settings. There are several "best practice" frameworks for inclusion of gender in humanitarian and peacebuilding work, and for humanitarian work generally. Your organization may have produced standard operating procedures (SOPs) for your work. Guidelines produced by committees like the IASC and other organizations can also be helpful markers.

BEFORE YOU GO:

- Understand the frameworks that guide your work. Pay special attention to operational agendas for your role or sector.
- Review best practices and compile the tools you will need to refer to as you work in the field.
- Review programme plans against these guidelines. Pay special attention to guidelines released by the IASC and your own organization.
- Review any guidelines and codes of conduct designed to govern staff behaviour. In addition to general educational activities required by your organization, we recommend taking special trainings on gender, gender-based violence and sexual exploitation and abuse https://tinyurl.com/y84mq2mj.
<table>
<thead>
<tr>
<th>Core Frameworks</th>
<th>What It Does</th>
<th>Relevance to Gender</th>
<th>How to Use It</th>
<th>Key Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>General...</td>
<td>Whilst the Convention is a legally binding tool on women’s human rights, it</td>
<td>General recommendation 30 was written specifically to address scenarios involving women</td>
<td>The Committee’s general recommendations are a tool to guide the implementation of the Convention’s</td>
<td>GR 30, <a href="https://tinyurl.com/pnttz26">https://tinyurl.com/pnttz26</a>&lt;br&gt;GR 19 <a href="https://tinyurl.com/jw6esb2">https://tinyurl.com/jw6esb2</a></td>
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<td></td>
<td>does not cover all areas and contexts. General recommendations are treaty</td>
<td>in conflict.</td>
<td>provisions. Use them to lobby Governments and guide organizational action.</td>
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<td></td>
<td>bodies’ interpretations of treaty provisions.</td>
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<tr>
<td>Code of Conduct</td>
<td>The Code of Conduct was developed and agreed upon by the world’s largest</td>
<td>Whilst the Code of Conduct is a gender-blind agreement, it does advance principles of</td>
<td>Staff should keep the Code of Conduct in mind when planning programmes.</td>
<td>International Committee of the Red Cross (ICRC), 1994 <a href="https://tinyurl.com/yd8pxbkq">https://tinyurl.com/yd8pxbkq</a></td>
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<td></td>
<td>disaster response agencies. A voluntary code, it lays down 10 points of</td>
<td>non-discrimination.</td>
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<td>principle to which all humanitarian actors should adhere.</td>
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<tr>
<td>2015 IASC GBV</td>
<td>This comprehensive handbook provides guidelines for GBV protection and</td>
<td>The handbook discusses GBV and its implications in all sector areas.</td>
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<tr>
<td>Guidelines</td>
<td>response in humanitarian situations.</td>
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<tr>
<td>UNHCR Handbook</td>
<td>Sets out legal standards that guide work to protect women and girls, the</td>
<td>Focuses specifically on the needs of women and girls.</td>
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<td>responsibilities of State and other actors, and suggests actions for</td>
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<td></td>
<td>UNHCR and its partners to protect the rights of women and girls.</td>
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<tr>
<td>UNHCR Emergency</td>
<td>Covers UNHCR best practices for all sectors.</td>
<td>Whilst this is not a gender-focused handbook, it does set out best practices into</td>
<td>Whilst all sectors have their own sets of guidelines, this is a useful, easily navigated overall</td>
<td><a href="https://tinyurl.com/ybjxxzvo">https://tinyurl.com/ybjxxzvo</a></td>
</tr>
<tr>
<td>Handbook</td>
<td></td>
<td>which gender should be incorporated.</td>
<td>framework.</td>
<td></td>
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</table>
Endnotes

1 See Annex 2 for definitions of key gender terms and Annex 3 for the normative frameworks that mandate and guide action on gender equality and women's empowerment in humanitarian and development action.


6 https://tinyurl.com/yd6qq9g7

7 This rapid gender analysis tool was originally developed by CARE International. All CARE rapid gender analysis materials are open access under the Creative Commons. This means all use, sharing and adaption of the rapid gender analysis is allowed as long as the original material is attributed to CARE.

8 For example, CARE (2017), Gender in Brief Ethiopia [online]. Available at: https://tinyurl.com/yd3h8wu8


10 For guidance on IASC Strategic Planning visit https://tinyurl.com/yaojowz

11 Humanitarian Response Plans (or Strategic Response Plans) are the primary management tools for the Humanitarian Coordinator and HCT. They are used to communicate the scope of the response to an emergency to donors and the public, and thus serve a secondary purpose for resource mobilization. Response monitoring in turn follows the strategic plan, as it seeks to determine whether the goals and targets set in the HRP are actually achieved — IASC.
A revised version of the IASC Gender Marker, the Gender and Age Marker is due to be available from 2018. Details will be included in the online version of the IASC Gender Handbook www.gihahandbook.com

DG ECHO Gender and Age Marker Toolkit https://tinyurl.com/yd78kxnw

CARE Gender Marker — https://tinyurl.com/y8vgw2kq

Accountability to Affected Populations Operational Framework (IASC), https://tinyurl.com/ya9sqn2d

On Message: Communications with Communities (OCHA 2014), https://tinyurl.com/y9om7342


Whilst this handbook focuses primarily on integrating gender into humanitarian planning and programming, consideration should also be given to other groups marginalized by disability, ethnicity, sexual orientation and so forth. All at-risk groups should also have a say in the planning and implementation of projects that impact them directly.

Additional guidance and templates on needs assessments in crisis settings here. https://tinyurl.com/y8db7g6z

Oxfam. Gender Leadership in Humanitarian Action

See United Nations Girls’ Education Initiative and Overseas Development Institute, ‘Mitigating the threats to girls’ education in conflict-affected contexts: a review of current practice’, 2017 (currently in draft form) for more detail on each of these areas.

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