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# 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

### 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 52–53 for more information on gender markers). The rapid gender analysis tool in section B (pages 30–39) 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 102–103 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 40–43). 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 43). 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:

- UNHCR. Guide for Protection in Cash-based Interventions. 2015. https://tinyurl.com/y78scfyx

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baseline and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report<br>https://tinyurl.com/ybyerydk<br>and<br>https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | 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. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations.<br>https://tinyurl.com/p5rqgut |

### 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?


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## 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, 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 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 LGBTI groups where possible to inform the analysis of the particular needs of these groups relating to CBIs.

» 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 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.

» 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 88 for more information on this concept).

# 2 Strategic planning

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 52–53 for more information).

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

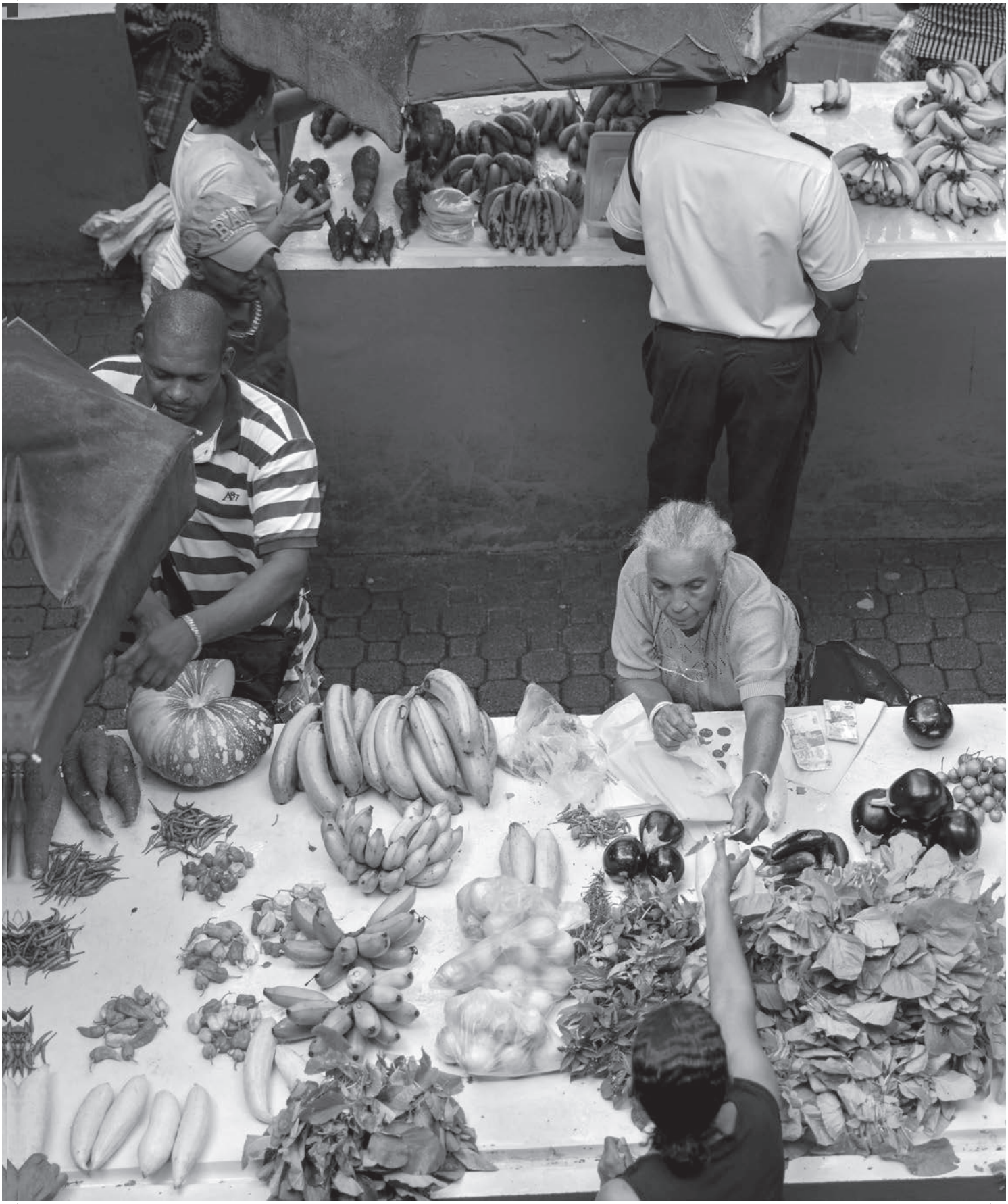
Use sex- and age-sensitive indicators to measure if all groups' needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what 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



| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **What kind of work is culturally acceptable for women and men?**<br><br>**What barriers to working do women face?** | Cultural norms limit the options for women to engage in cash-for-work (CFW) activities.<br><br>Paternalistic environments women live in do not allow them to access labour market for work (culture, safety, reproductive role, work with other gender).<br><br>Women have little experience engaging in paid work outside the home.<br><br>CFW activities take place during the hours when women are heavily engaged in care work.<br><br>The CFW programme does not accommodate the needs of pregnant and lactating women. | Women engage in income generating activities and support household financially. | Percentage of women in the affected populations actively engaged in income-generating activities<br><br>Percentage of women who retain their income-generating activities over a period of 6 months |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Women safely access CFW interventions in culturally acceptable way. | Number and percentage of women who access CFW interventions | 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. |
| Male figures are less sceptical and feel more confident about women joining the labour market. | 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 | 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. |
| Women and men are trained on skills necessary for income-generating activities. | Number and percentage of women and men who successfully completed and passed a training course necessary for income-generating activities | Train women and men with the skills to safely and effectively carry out CFW activities. |
| Childcare services are provided to encourage women to engage in income-generating activities. | Percentage of working women who resort to offered childcare services | 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. |
| Women engage in income-generating activities that suit their working hours. | 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 | Create flexible schedules for women to participate. |
| Appropriate income-generating activities are available for women and men with disabilities and for pregnant and breastfeeding women. | Percentage increase over the programme intervention period of women engaged in income-generating activities<br>Percentage of women and men with disabilities and pregnant and breastfeeding women involved with income-generating activities | Find work solutions for pregnant and lactating women and women and men with disabilities. |

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Which factors (e.g., amount, duration, frequency, transfer mechanism) are essential to ensure safer cash transfers to women and men?** | Women do not have identification documents, a bank account or are registered under adult male relatives so cannot receive assistance on their own. | Women are able to support the well-being of their families and are the decision makers when it comes to channels of expenditure. | Percentage of income spent on food, health care and education |
| **Would women, girls, men and boys face new risks, due to involvement in CBIs?** | 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.<br><br>Some LGBTI individuals and young women report obstacles to safely in work environments. | Women, girls and LGBTI are empowered with knowledge and skills to address risks due to their involvement in CBI.<br><br>Women, girls and LGBTI persons are subject to fewer risks and dangers as a result of their involvement in CBI. | Percentage of women and men who have acquired knowledge and skills as a result of CBI<br><br>Percentage of women, girls and LGBTI individuals who report feeling safe due to the CBI involvement<br><br>Decrease in the number of safety/risk incidents reported and addressed through reduced stigma as a result of the CBI |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Women in need in targeted communities are able to access cash transfers without male assistance through the established official identification and registration database. | Percentage of women who access cash transfers without male assistance | Establish/adopt official identification and registration databases with women's identification data and information. |
| Women, girls, and LGBTI individuals undergo capacity-building on topics that would contribute in their empowerment.<br><br>Protection services are in place and vulnerable women, girls and LGBTI individuals are linked or referred to them.<br><br>Men are more aware of the CBI selection process. | Number and percentage of women, girls and LGBTI individuals who undergo capacity-building<br><br>Number and percentage of women and girls who access protection services<br><br>Males report (in focus group discussions) that they are better aware and accept the process of CBI selection | Build the self-reliance and resilience of women and girls on topics related to gender equality, women's and girls' empowerment, conflict resolution and livelihoods.<br><br>Provide access to targeted protection services including case management, counselling and gender discussion groups.<br><br>Create clear communication and feedback mechanisms within households and in communities. Explain participant selection, intended benefits and how recipients can help monitor benefits and risks and reduce the latter, if necessary.<br><br>Speak to LGBTI individuals and local groups led by LGBTI persons to identify the specific barriers and actions needed to overcome them. |

# 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 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 52–53 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.

# 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 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 the 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.

## GBV prevention and mitigation

**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 88 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.

## KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN CBI PROGRAMMING (CONTINUED)

### 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.

**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 88 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

# 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 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 60 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 52–53) 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/y87c5wzl

**2.** UNHCR. *Guide for Protection in Cash-based Interventions*. 2015. https://tinyurl.com/y78scfyx

## KEY RESOURCES

**1.** Women's Refugee Commission. *Training on Protection in Cash-Based Interventions*. 2015. https://tinyurl.com/yc9ngbdj

**2.** Women's Refugee Commission. *Inclusive Cash for Work Programs: Building A Stronger, Safer Recovery for All*. 2015. https://tinyurl.com/y834frzs

# Camp coordination and camp management

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

### 1 Needs assessment and analysis

- Collect and analyse sex-and disability-disaggregated data on needs, priorities and capabilities relating to CCCM.
- Conduct a gender analysis as part of CCCM needs assessments and analyse the findings.

### 2 Strategic planning

- Integrate gender equality into CCCM programmes 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 CCCM sector, project activities and tracked outcomes.
- Apply gender markers to CCCM programmes for the response.

### 3 Resource mobilization

- Include information and key messages on gender and CCCM for inclusion in the initial assessment reports to influence funding priorities.
- Report regularly on resource gaps on gender as they relate to CCCM to donors and other humanitarian stakeholders.
- Apply gender markers to CCCM programmes in the response.

### 4 Implementation and monitoring

- 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.
- Develop and maintain feedback mechanisms for women, girls, men and boys as part of CCCM projects.
- Apply gender markers to CCCM programmes in the response.
- 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.

### 5 Gender operational peer review and evaluation

- 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
- 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 M&E phase with information collected throughout the programme cycle. The rapid gender analysis tool in section B, pages 30–39 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 52–53 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 128–129 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 43). 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 40–43 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 124–125 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/ybcqjv6u

## 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.

TAKEN FROM: PRISCA BENELLI, DYAN MAZURANA & PETER WALKER (2012): USING SEX- AND AGE-DISAGGREGATED DATA TO IMPROVE HUMANITARIAN RESPONSE IN EMERGENCIES, GENDER & DEVELOPMENT, 20:2, 219–232

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | Identify opportunities for an integrated **comprehensive gender analysis** 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baseline and post-intervention monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | 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. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

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 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 40 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 88 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 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 52–53 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

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Are women able to access distributions of humanitarian assistance in the camp?** | Uneven levels of access to aid by women, and insufficient aid delivered to households with multiple spouses. | Improve equitable access to aid distribution by women and to multiple spouse households within camps.<br><br>Aid distribution within camps to women improve the living conditions of their households. | Percentage of income spent on food, healthcare, education improve. |
| **Is there access to safe and secure living spaces?** | Women identify high risk of GBV in the camp and highlight need for protection. | Women, girls, men and boys, feel safe and secure in the living spaces tailored to their needs. | Percentage of women, girls, men and boys who report feeling safe and secure in the living spaces. |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Aid distributions are targeted to women and to multiple households to ensure improved living conditions.<br><br>Men are more aware of the selection process. | Number and percentage of women directly receiving aid distributions.<br><br>Men report (through focus group discussions) that they are aware and accept the cash/voucher process. | Provide assistance in terms of cash/ vouchers to women at household level.<br><br>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.<br><br>Protection mechanisms in place to ensure safe and secure living conditions.<br><br>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.<br><br>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.<br><br>Provide safe residential/sleeping areas for female-headed families where necessary.<br><br>Select site locations in camps that do not exacerbate GBV.<br><br>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. |

# 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 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 52–53 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.

# 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 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 the 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 88 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.

## KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN CCCM 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 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 52–53 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 88 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, pages 84–87 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.

TAKEN FROM: CURRENTLY UNPUBLISHED OXFAM STUDY ON LIGHTING AND SAFETY AROUND WASH FACILITIES: AUGUST 2017.

## 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

# 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 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 60 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, girls, 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

1. IASC. "Camp Coordination and Camp Management." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.* 2015. https://tinyurl.com/yccxw8gn
2. UNHCR. "Camp Coordination, Camp Management." *Emergency Handbook.* 2015. https://tinyurl.com/y76kz2zw

## KEY RESOURCES

1. Global CCCM Cluster Team. *Camp Management Toolkit — Resources for Practitioners Working with Displaced Communities*. 2015. https://tinyurl.com/yaakbw5f
2. Global CCCM Cluster Team. "Special Edition: Gender in CCCM." *CCCM Cluster Newsletter*. July 2015. https://tinyurl.com/y8ed98g3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# Early recovery

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.

## KEY GENDER EQUALITY ACTIONS FOR EARLY RECOVERY 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 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 30–39 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 154–155 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 43). 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 40–43). 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:

- Early Recovery Cluster. Early Recovery Gender Marker Kit. 2010. https://tinyurl.com/y8fxy6re
- IASC. IASC Gender Marker Early Recovery Tip Sheet. 2016. https://tinyurl.com/y9p2qnd5

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

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 boy 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 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 88 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 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 52–53 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

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **How does the crisis affect women and men in different age groups regarding access to markets, paid work and vocational training?** | Women have limited access to employment activities and carry greater responsibility for child care.<br><br>Older girls are prone to early marriage rather than enrol in interventions that would promote income generation. | Women and older girls are empowered with employability skills to enter the labour market.<br><br>Increase in number of women who join the labour market due to emergency employment activities or provision of childcare.<br><br>Reduction of early marriage among girls. | Percentage of women and older girls with improved knowledge and skills<br><br>Percentage of women and older girls who reported feeling empowered to enter the labour market<br><br>Number and percentage of women and older girls who report joining the labour market as a result of childcare provision<br><br>Decreased rate of early marriage is reported |
| **Are women aware of their rights to ownership of property, to work, own and spend their income?** | Some male figures usually tend to convince women that they have no right over ownership or right to work or generate/spend income. | Women's participation in income-generating activities and access to economic assets. | Percentage of women engaged in income-generating activities who reported they have access to economic assets |
| **What measures are proposed to ensure equitable numbers of women and men are able to fully access early recovery activities?** | Women excluded from peacebuilding processes and local governance structures. | Women's meaningful participation and leadership in peacebuilding processes and local governance structure. | At least 5 per cent increase in women's participation and leadership in peacebuilding<br><br>Percentage of women leaders represented in local governance structures |
| **What measures need to be included to ensure LGBTI individuals fully access early recovery activities?** | 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. | Percentage of LGBTI individuals reporting meaningful participation and satisfaction with early recovery services |

| **EXPECTED RESULTS**<br>*The outputs of the intervention that will achieve the specific objective* | **EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)**<br>*Indicators to measure the extent the intervention achieves the expected result* | **GENDER-ADAPTED PROGRAMMING ACTIVITIES** |
|---|---|---|
| Women and older girls access emergency employment activities.<br><br>Childcare system is put in place for women in targeted communities.<br><br>Awareness-raising activities on the disadvantages and health risks of early marriage are held with men and women in the targeted communities. | Number and percentage of women and girls who access emergency employment activities<br><br>Proportion of emergency employment programmes which offer child care<br><br>Percentage of women who report being able to access emergency employment activities as a result of childcare provision<br><br>Women report (in focus group discussions) feeling confident leaving their children in childcare<br><br>Community members report (in focus group discussions) being aware of the disadvantages and health risks of early marriage | Provide access to emergency employment activities to women and men of appropriate age groups on an agreed quota of 50 per cent female participation.<br><br>Offer childcare services alongside employment activities.<br><br>Raise awareness of the disadvantages and damages of early marriage. |
| Increase in women's awareness about their right to own property, to earn a living and to their mobility. | Percentage and number of women participating in awareness-raising campaigns | Conduct awareness-raising campaigns on women's rights to work, ownership, mobility and to spend their income. |
| Increase in women's meaningful participation and leadership in peacebuilding.<br><br>Increase in women's leadership in local governance structures. | Number of women leaders involved in peacebuilding who reported their decisions were taken into account<br><br>Number of local governance structures with quotas on women's participation in place | Provide capacity-building support to women leaders and their organizations to strengthen their leadership, enhance agency for their meaningful participation and leadership in peacebuilding.<br><br>Campaigning with women's organizations to increase the proportion of women in local governance structures in peacebuilding. |
| Increased access by LGBTI individuals to early recovery services.<br><br>Reduction of stigma experienced by LGBTI individuals. | Percentage of LGBTI individuals reporting access to early recovery services<br><br>Number of awareness-raising sessions held to promote LGBTI rights and participation in emergency response | Work with the relevant local LGBTI groups to identify entry points to overcome this barrier to participation (stigmatization). |

# 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 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 52–53 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 88 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 to 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.

### 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 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.

## 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 52–53 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 88 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 86 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.

# 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 on their capacities (see section B, page 60 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

**1.** Global Cluster for Early Recovery. *Guidance Note on Inter-Cluster Early Recovery*. 2016. https://tinyurl.com/ydd2cvbl

## KEY RESOURCES

**1.** Women's Refugee Commission. *Building Livelihoods: A field manual for practitioners in humanitarian settings*. 2009. https://tinyurl.com/yalln6pt

# Education

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.[21]

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:[22]

- **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.

## 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.

# 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 30–39 provides a step-by-step guide on how to do a gender analysis at any stage of an emergency.

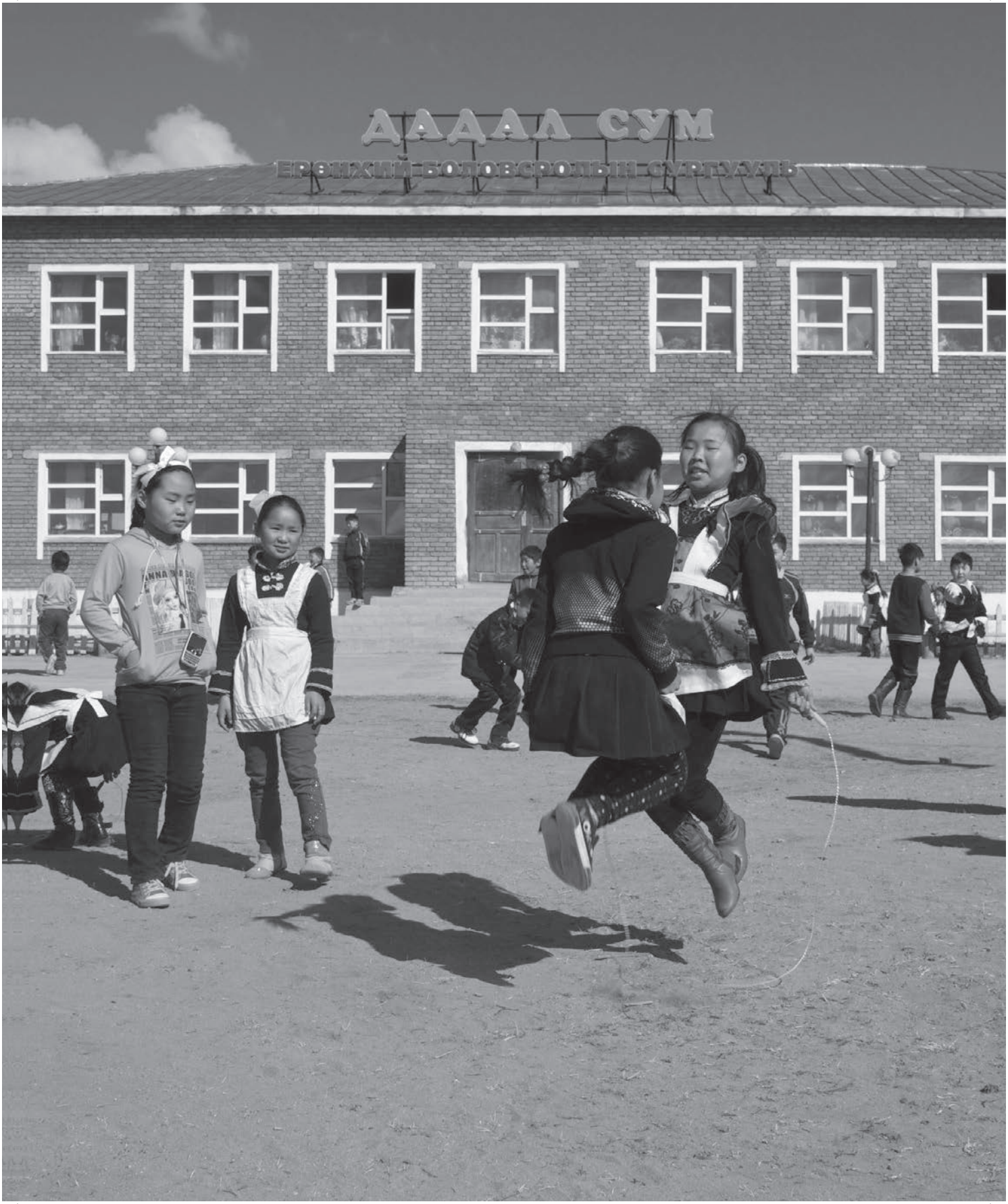
When collecting information for the education sector, the analysis questions should seek to understand the impact of the crisis on women, girls, men and boys. Standard education assessments can be adapted to put greater emphasis on gender and the particular experiences, needs, roles, rights and risks 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 43). 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 40–43). 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:

- Global Education Cluster. *Joint Needs Assessment Toolkit for Education in Emergencies*. 2010. https://tinyurl.com/yax3gugs


ДАДАЛ СУМ

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/yao5d8vs<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

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

## KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN EDUCATION PROGRAMMING

### 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 up-holds the "do no harm" principle (see section B, page 88 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 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 52–53 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

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **What are the school safety and access issues in the emergency situation with respect to gender?** | Distance of school from home: risks of sexual assault and kidnapping for girls and boys; forced recruitment for boys.<br><br>Politicization of education (especially for girls): increases risk of schools being targets of violence.<br><br>Changes in the physical condition of the route to school: resulting from natural disaster, prevent safe passage.<br><br>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.<br><br>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. | Increased access of girls and boys to education at school due to improved safety on route to and at school. | 75 per cent of school-age girls and boys attend school<br><br>At least 60 per cent of girls and boys complete the academic year (except for relocation)<br><br>A decrease of 70 per cent in rates of absenteeism due to safety and protection concerns<br><br>A decrease of 70 per cent in rates of drop out due to safety and protection concerns |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*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. | Community members report (in focus group discussions) their satisfaction with the school location | 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. |
| At-risk students benefit from escorts or group transportation. | Number and location of pick-up/drop-off points | Regularly gather information on problems related to cross-border migration and possible trafficking and share with cross-border police and communities in border areas. |
| A database is set up and regularly updated. | Number of reports produced with updated information from the database and shared with decision makers | Create confidential reporting mechanisms for incidents of sexual exploitation and abuse within schools. |
| An incident reporting mechanism is in place and operational in schools. | 100 per cent of girls and boys attending school are aware of the incident reporting mechanism | 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. |
| Capacity of teachers, staff, community members developed around GBV, sexual harassment. | 100 per cent of the reported cases are dealt with in a way that places the girl's or boy's protection first | Review, revise or advocate for related national, local and school policies and codes of conduct. |
| Participating schools' codes of conduct and policies are revised in line with gender equality and mainstreaming and protection practices. | 10 per cent increase in cases reported over the period of one year | |
| Advocacy initiatives are in place with key partners to promote equality and protection on a national level. | 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 | |

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **What are the challenges to community involvement in emergency education programming, opportunities and assessment for women, girls, men and boys?** | Input is not solicited from women, girls and diverse community members in the planning, implementation and assessment stages. | The needs of women, girls and diverse groups are incorporated in planning, implementation and assessments of education programmes. | Percentage of women and girls who report satisfaction with the way their specific needs have been incorporated in the planning, implementation and assessment. |
| **What are the specific challenges affecting girls' and boys' attainment rates at different levels?** | Girls' increased household responsibilities prevent them from prioritizing school attendance and work.<br><br>Lack of fair gender representation among teaching staff.<br><br>Girls, particularly those menstruating are unable to attend due to inadequate bathroom facilities.<br><br>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. | Girls and boys perform better at school.<br><br>The school environment is better tailored to gender mainstreaming and equality making it a safe place for boys and girls to learn. | Percentage of girls and boys who perform in the 75$^{th}$ percentile |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*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.<br><br>Identification of needs, threats and opportunities for involvement done in a participatory manner with relevant community groups | Number of planning or implementation events held with target population in the community<br><br>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.<br><br>Engage existing community groups including women's rights, LGBTI and youth-led organizations. |
| Women, girls, men and boys better understand the importance of sharing roles within a household.<br><br>Gender gaps in hiring are eliminated.<br><br>Teachers have better understanding of gender equality.<br><br>School facilities are revisited to ensure boys' and girls' needs are met.<br><br>Materials introduced in the schools are more gender-responsive. | Number and percentage of women, girls, men and boys who report shifts in the traditional gender roles in the household<br><br>Ratio of female to male teachers<br><br>Number and percentage of teachers and staff trained on gender equality<br><br>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.<br><br>Hire equal numbers of female and male staff within the school<br><br>Provide teacher training on gender equality.<br><br>Include separate and private bathroom facilities for girls and boys, running water, and supplies for menstruating girls.<br><br>Teaching staff adapt the school material and curriculum making the content more gender responsive. |

# 3 Resource mobilization

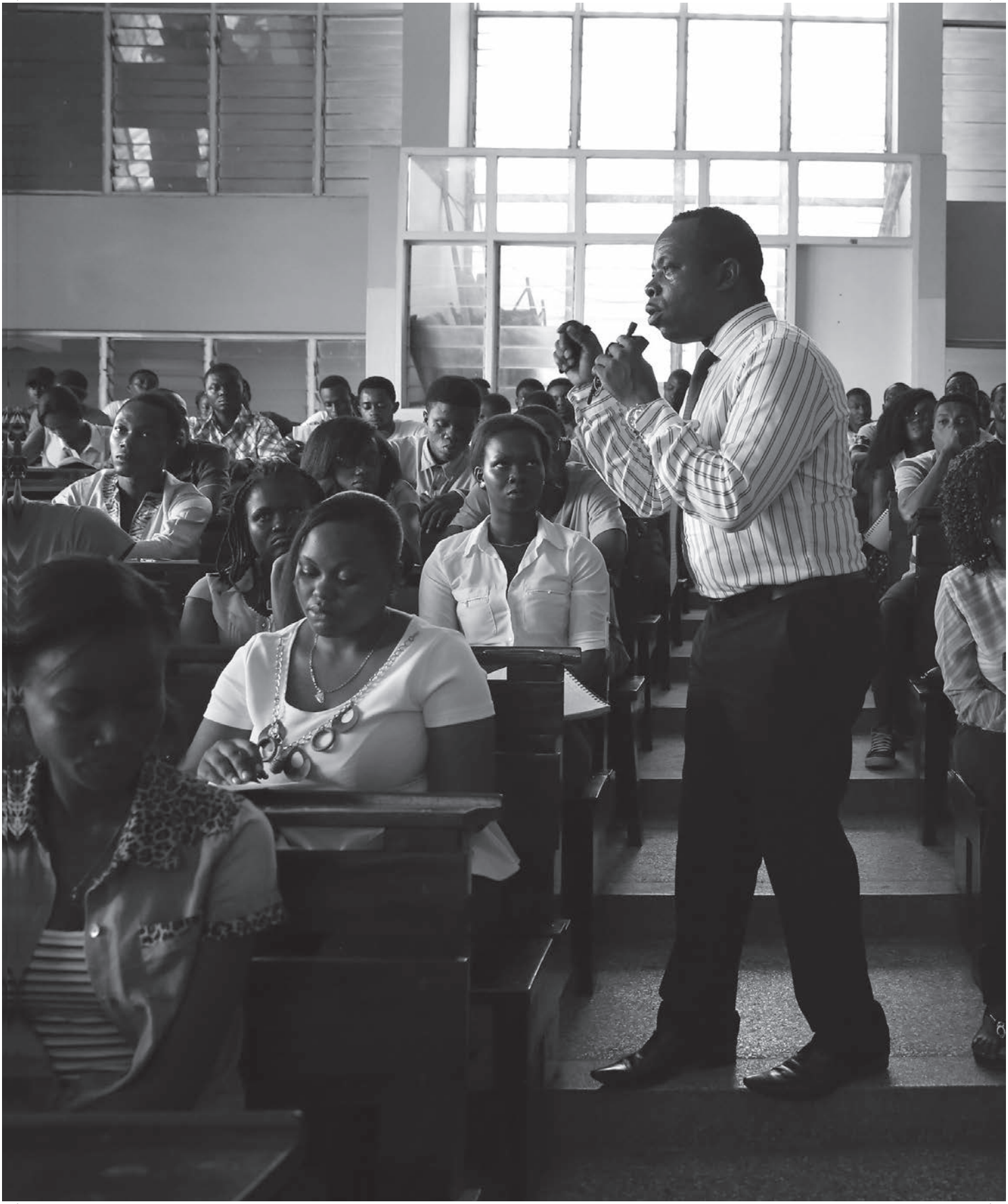
Following the strategic planning phase and the production of a results-based framework (log frame) based on the needs assessment and analysis, the next phase in the HPC is resource mobilization.

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 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 52–53 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.



# 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 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 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 the more detail in the table that follows).

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

**KEY MONITORING TOOL:**

- Inter-Agency Network for Education in Emergencies. *INEE Minimum Standards Reference Tool*. INEE Minimum Standards Reference Tool. https://tinyurl.com/y7ly9py7

## 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 88 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.

» Identify and reduce protection risks by making sure the safety of children especially girls using school facilities (e.g., toilets).

» 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.

## KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN EDUCATION 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 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 52–53 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 88 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, pages 84–87 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/KBO95AG



# 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 on their capacities (See section B, page 60 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

**1.** Inter-Agency Network for Education in Emergencies. *INEE Minimum Standards Reference Tool*. INEE Minimum Standards Reference Tool. https://tinyurl.com/y7ly9py7

## KEY RESOURCES

**1.** UNESCO, UN-Women. *Global Guidance on Addressing School-Related Gender-Based Violence*. 2016. https://tinyurl.com/kbo95ag

**2.** IASC. "Education." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj

**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

# Food Security

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 30–39) 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 52–53). 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, girls, 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 208–209 on "Key approaches and standards for needs assessment and analysis in food security".

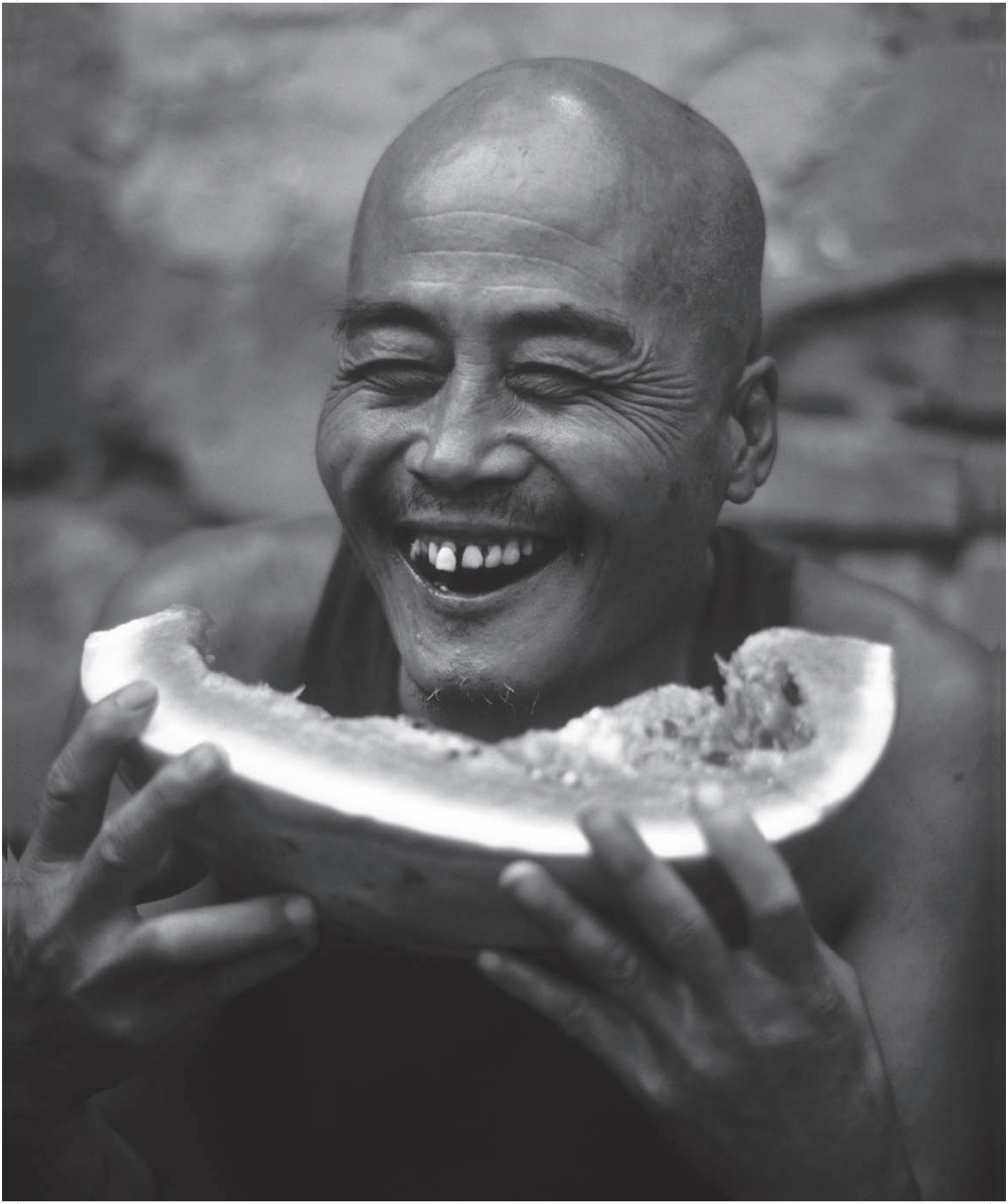
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports, as well as gender country profiles such as those produced by FAO, WFP, Oxfam, Action against Hunger (ACF) and others. These should 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 43). 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 40–43).

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:

- WFP Vulnerability Analysis and Mapping, *Gender Analysis in Market Assessments — Tools*. https://tinyurl.com/y7ml5268
- WFP. 2017. WFP Gender Toolkit, specifically the Gender Analysis and Gender and Emergency Preparedness and Response sections. https://tinyurl.com/ycsbrhgo
- IASC. "Food Security and Agriculture." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj
- International Food Policy Research Institute. *Women's Empowerment in Agriculture Index*. 2012. https://tinyurl.com/78kacx9
- FAO VAM. *Thematic Guidelines: Integrating a Gender Perspective into Vulnerability Analysis*. 2005. https://tinyurl.com/ybfxz4pu



## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | Identify opportunities for an integrated **comprehensive gender analysis** 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

## 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?

- What food and livelihood assistance modality (e.g., food, cash, vouchers, seeds, livestock) do women and men prefer? What are the implications of each, for women and men separately?
- What type of cooking fuel is used (e.g., firewood, charcoal)? Who collects it? Are there dangers or difficulties in collecting fuel wood and water?
- Does national legislation ensure equal rights to land for women and men?
- Are elderly women and men able to participate in policymaking spaces around food security?
- Are land mines creating mobility problems for women and men working in agriculture or reaching markets?

## 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 88 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 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 52–53 for more information).

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

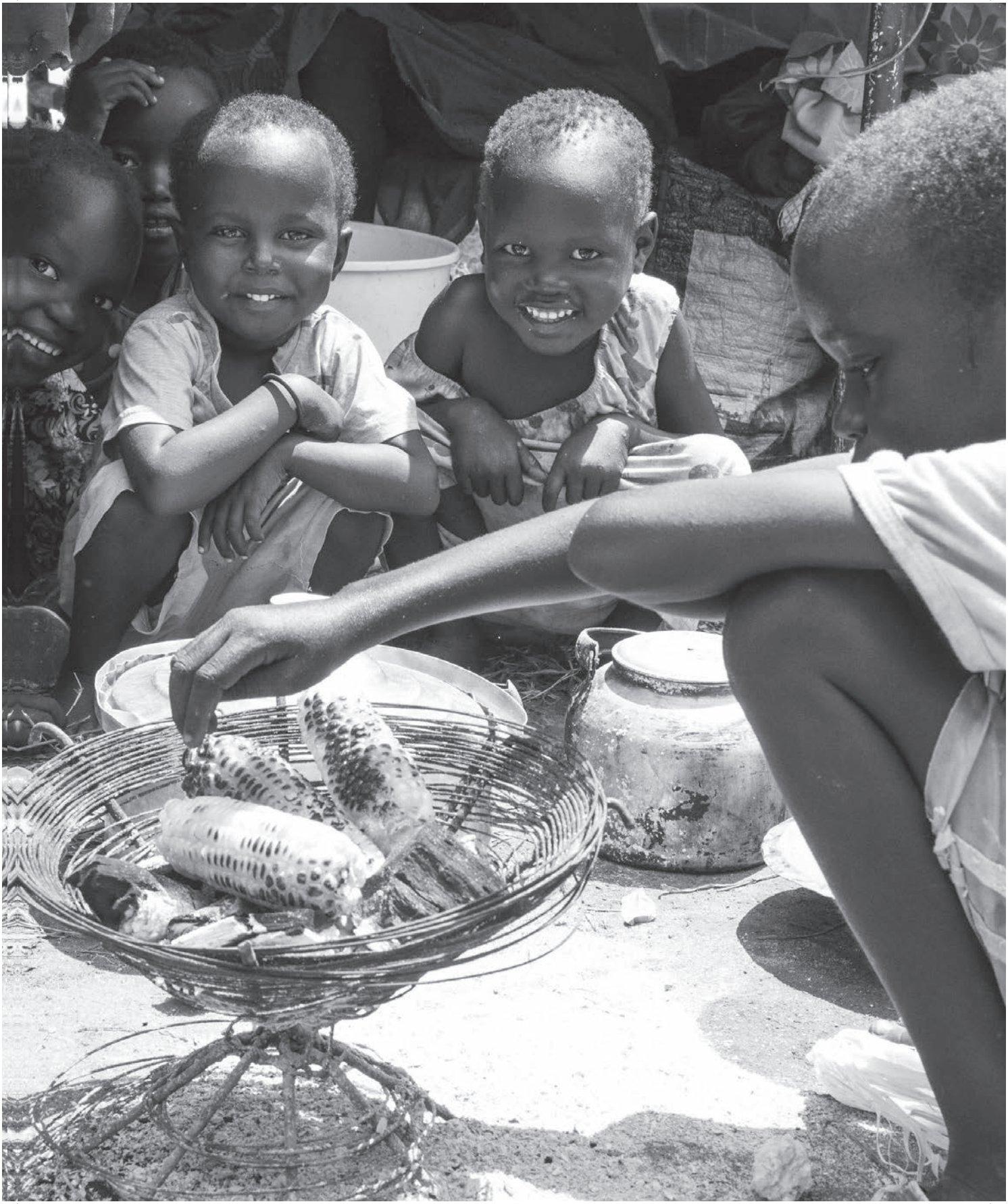
Use sex- and age-sensitive indicators to measure if all groups' needs are being met. Check the following: expected results; provision of quality assistance with respect to gendered needs; monitor rates of service access; satisfaction with the assistance provided; how the facilities were used; and what 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: SAHEL REGION CASE STUDIES IN MALI, NIGER AND CHAD REPORT. 2016. SUBMITTED TO WORLD FOOD PROGRAMME VULNERABILITY ANALYSIS MAPPING (VAM) UNIT DAKAR, SENEGAL BY: MICAH BOYER, MA AND TARA DEUBEL HTTPS://TINYURL.COM/Y9YSATYP



| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Do certain groups or households find it more difficult to access food and agricultural inputs, distribution sites, work sites, workshops or registration points?** | 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.<br><br>Male-headed families are usually in control of the access to and thus the distribution of food within the household. | Increased access for women, girls and people with disabilities to food and agricultural inputs, distribution sites, work sites, workshops or registration points. | Number and percentage of women, girls, men and boys with and without disabilities safely accessing the distribution site |
| **What are the roles of women, girls, men and boys in food production, procurement and preparation of food?**<br><br>**Have roles changed as a result of the crisis? If yes, how? Who has been more affected and why?** | Women and girls spend more time in preparing food for family members since the crisis.<br><br>Girls drop out of school early or underachieve due to food preparation roles.<br><br>Procurement is usually left to male figures for safety and protection reasons.<br><br>In agricultural settings, it is not unusual to find women and girls responsible for the production process. | Household food security work shared more evenly between men and women and food preparation roles are no longer assigned solely to women and girls.<br><br>Boys' and girls' attention improves and they achieve better results.<br><br>School-age boys and girls in attend school more regularly. | Percentage of women, girls, men and boys reporting shifts in roles related to food preparation, production and procurement within the household<br><br>Percentage of boys and girls benefiting from school feeding programmes who score results in the 75th percentile<br><br>Percentage decrease in absenteeism among children benefiting from school feeding programme |
| **Who is responsible for collecting cooking fuel (e.g., firewood, charcoal)? Are there dangers or difficulties in collecting fuel wood and water?** | Women and girls are responsible for collecting cooking fuel and water.<br><br>Women and girls report being attacked when collecting fuel, wood and water. | Acquisition and access to fuel and water are no longer threats to the safety of women and girls. | Percentage of women and girls who report that they feel more safe and secure due to new alternative cooking technologies |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Factors that hinder access are identified.<br><br>Physical access to ensure participation is adjusted.<br><br>More marginalized participants in the community are reached. | Women and girls report their satisfaction with the access process and outreach methods | Consult women, girls, men and boys about times, frequency and locations of food/input distributions, workshops and employment.<br><br>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.<br><br>Set outreach teams to mobilize and reach potentially unreachable women and girls. |
| Awareness-raising sessions are attended by large numbers of male members of the community.<br><br>School-age boys and girls benefit from the feeding programme and are guaranteed one fulfilling healthy meal a day. | Number of awareness-raising sessions and number and percentage of attendees disaggregated by sex<br><br>Number and percentage of school-age boys and girls who have access to feeding programmes | 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.<br><br>Receipt of food items is conditional on attendance at these sessions.<br><br>Providing school feeding programmes to promote educational access, retention and attainment of girls and boys. |
| Household members are knowledgeable about alternative cooking technologies.<br><br>Alternative cooking technologies are provided as part of the food programme.<br><br>Men and boys take a more active role in collecting cooking fuel and water.<br><br>Security systems put in place to minimize violence incidents that arise while collecting fuel and water. | At least 75 per cent of household members report knowing how to operate the alternative cooking technologies<br><br>Number and percentage of households with access to cooking technologies<br><br>Percentage of women, girls, men and boys who report male figures in the household taking a more active role in collecting fuel and water | 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.<br><br>Raise the awareness of men and boys on approaches to distribute household responsibilities related to collecting cooking fuel and water, and to accompanying females.<br><br>Introduce security patrols by working with protection actors to ensure safety when collecting fuel, wood and water. |

# 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 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 52–53 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.

# 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 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 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:**

- Global Food Security Cluster. *FSC Core Indicator Handbook*. 2016. https://tinyurl.com/y7eo6sae

## 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.

## 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, 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.

## GBV prevention and mitigation

**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 B, page 88 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 52–53).

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 B, page 88 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, pages 84–87 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.

# 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 on their capacities (see section B, page 60 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


**1.** IASC. *Food Security Gender Marker Tip Sheet.* 2012. https://tinyurl.com/y8vtne3r

**2.** The Sphere Project. "Minimum Standards in Food Security and Nutrition." *Humanitarian Charter and Minimum Standards in Humanitarian Response.* 2011. https://tinyurl.com/yapnzyn3

**3.** IASC. "Food Security and Agriculture." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj


## KEY RESOURCES


**1.** FAO. *Socio-Economic and Gender Analysis for Emergency and Rehabilitation Programmes*. 2005. https://tinyurl.com/y8f2pfoe

**2.** WFP Gender Toolkit. 2017. https://tinyurl.com/ycsbrhgo

# Health

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.

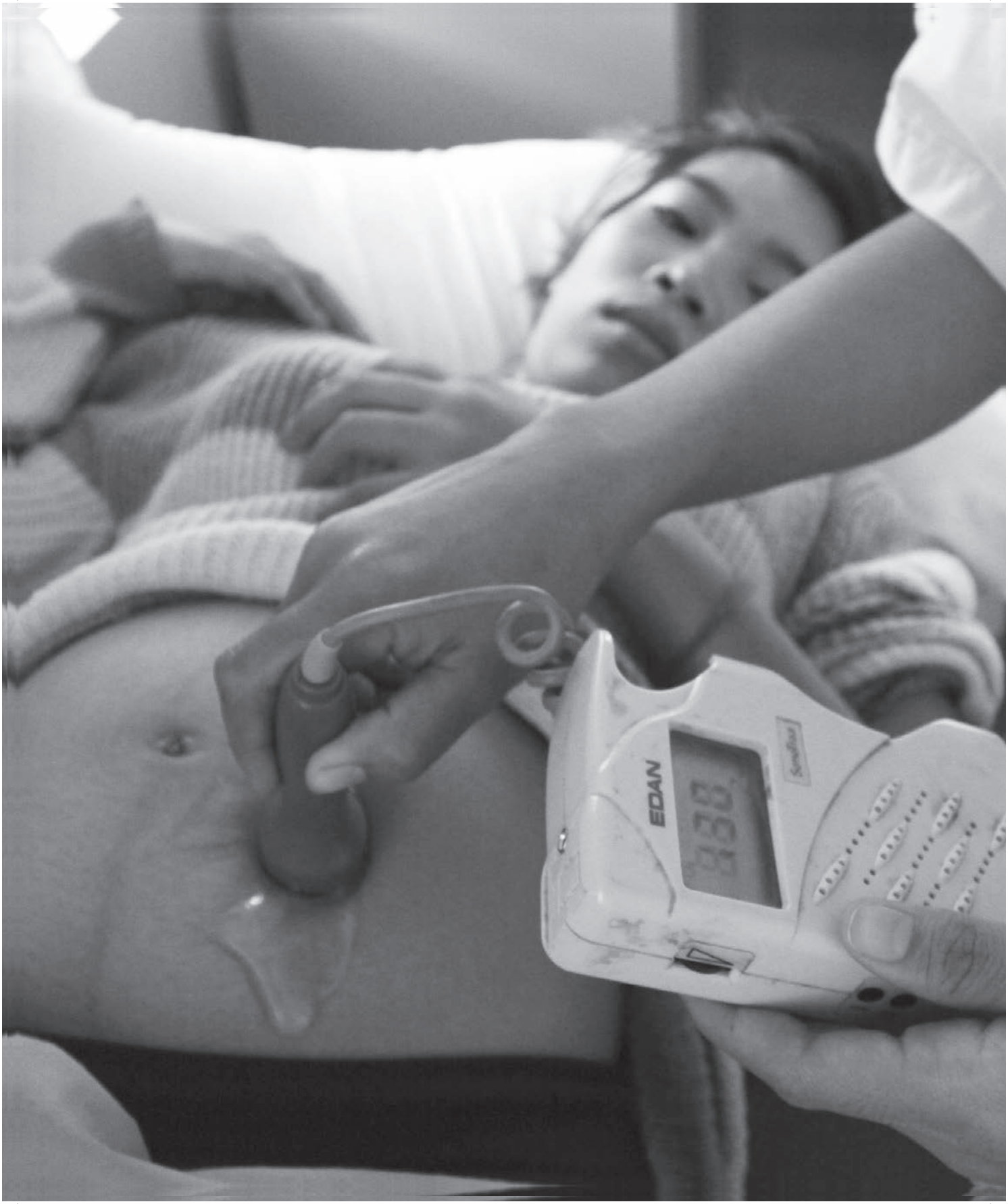
Effectively integrating gender equality into health programming will achieve the following goals:

- **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.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## 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.

# 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 30–39) 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 52–53 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, 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 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 234–236 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 43). (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:

- IASC. *Health Resources Availability Mapping System (HeRAMS)*. 2014. https://tinyurl.com/y92pntye

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

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).

**POSSIBLE QUESTIONS FOR A GENDER ANALYSIS SPECIFIC TO THE HEALTH SECTOR INCLUDE:**

- What are the mortality rates disaggregated by sex and age? Are there disproportionate deaths among women, girls, men and boys?
- What was the health situation for women, girls, boys and men before the crisis and how has it changed since? Has there been an increase in a specific disease since the crisis and who does it affect?
- What are the roles and responsibilities of women and men for health care at household level?
- What are the cultural and religious aspects related to the provision and access of health care?
- Who provides health care to women and girls or men and boys? Do local practices influence whether male health workers can provide care for women?
- What are cultural expectations regarding pregnancy, childbirth and breastfeeding? What are the cultural practices regarding menstruation?
- What are the cultural practices around washing, water use, cooking and disposal of dead bodies? How do these impact on the health and time of women, girls, men and boys?
- Are there barriers to women's, girls', boys' and men's access to health services or health information (including around safe hygiene practices)? Are LGBTI persons able to access health facilities? Is there equitable access to reproductive health care for adolescent girls and boys who are single or in relationships? Is there equal access to health care for elderly men and women?
- Are survivors of GBV able to access health services? Are referral systems in place for GBV survivors in health facilities? Do women, girls, men and boys consider GBV-related health services to be safe and confidential? Have health-care staff been trained on GBV care?

## 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.

ADAPTED FROM: UNAIDS AND STOP TB PARTNERSHIP.2016. "GENDER ASSESSMENT TOOL FOR NATIONAL HIV AND TB RESPONSES: TOWARDS GENDER-TRANSFORMATIVE HIV AND TB RESPONSES"

## 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 88 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 52–53 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:

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Are referral systems in place for GBV survivors in health facilities?** | Poor ability of health facilities to respond to GBV. | GBV survivors have access to well-established referral systems to support them in the various aspects of their lives. | Number and percentage of GBV survivors who turn to the established referral systems |
| **Is there access to sexual and reproductive health (SRH) services and information for adolescent girls and boys?** | Absence of gender balance of staff inhibiting access for adolescent girls to SRH services.<br>SRH information not reaching adolescent girls or boys.<br>Cultural barriers present the subject as taboo. | More adolescent boys and girls have age appropriate knowledge about SRH. | Number and percentage of adolescent boys and girls who have improved knowledge of age-appropriate SRH over baseline (or pre-intervention results) |
| **What are the roles and responsibilities of women and men for health care at household level? How have these been impacted by the crisis?** | Women traditionally care for the sick at home, which is impacting their ability to engage in paid work. This has been exacerbated by the crisis as women are caring for more sick family members. | Women are more able to access the income-generating activities due to alternative ways of caring for the sick at the household level. | Percentage of women who join income-generating activities as a result of not having to care for the sick at the household level |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Staff knowledge and capacity of standard operating procedures acquired/improved.<br><br>A referral mechanism linking GBV survivors with assistance in various sectors is established. | Percentage of staff who have acquired and improved knowledge of the referral mechanism over baseline (or pre-intervention results)<br><br>Number of key partners who provide services to GBV survivors disaggregated by the type of service provided | Build staff knowledge of and capacity to implement standard operating procedures for multisectoral care for GBV.<br><br>Establish a referral mechanism with key local partners who can support GBV cases (legal, medical, rehabilitation, shelter). |
| Gender balance is achieved in the staffing of SRH services.<br><br>Adolescent boys and girls have age-appropriate access to information about SRH. | Ratio of female to male health workers for SRH services<br><br>Number and percentage of adolescent boys and girls who access age-appropriate SRH information through the programme | Support the recruitment of more female staff within SRH services<br><br>Adapt health information messaging for adolescent girls and boys and present it in a scientific way<br><br>Targeted outreach of SRH information to adolescent girls and boys |
| Sick family members can benefit from health-care services by professional staff.<br><br>Men and boys take more responsibilities towards caring for the sick at the household level. | Number and percentage of the sick who access professional health care<br><br>Percentage of women, girls, men and boys who report shifts in roles assignments in caring for the sick at the household level | Provision of accessible health services for those affected by the crisis<br><br>Raise the awareness of men and boys on shared responsibilities for health care at the household level |

# 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 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 52–53 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 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 the 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.

ADAPTED FROM WOMEN'S REFUGEE COMMISSION. 2006 [REVISED 2011]. 'MINIMUM INITIAL SERVICE PACKAGE [MISP] FOR REPRODUCTIVE HEALTH IN CRISIS SITUATIONS: A DISTANCE LEARNING MODULE'

## 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 88 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.

### Gender-adapted 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.

## Gender-adapted assistance (continued)

**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.

## Transformative approach

**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 52–53). 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 88 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, pages 84–87 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.

ADAPTED FROM WOMEN'S REFUGEE COMMISSION. 2006 [REVISED 2011]. 'MINIMUM INITIAL SERVICE PACKAGE [MISP] FOR REPRODUCTIVE HEALTH IN CRISIS SITUATIONS: A DISTANCE LEARNING MODULE'

# 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 60 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


**1.** WHO. *Health Cluster Guide*. 2009. https://tinyurl.com/ydyqft2h

**2.** IASC. "Health." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj

**3.** The Sphere Project. "Minimum Standards in Health Action." *Humanitarian Charter and Minimum Standards in Humanitarian Response*. 2011. https://tinyurl.com/y7zzrnoz


## KEY RESOURCES


**1.** Interagency Working Group on Reproductive Health in Crises. *Field Manual on Reproductive Health in Humanitarian Settings*. 2010. Revision due November 2017. https://tinyurl.com/y9z8exbb

**2.** Interagency Working Group on Reproductive Health in Crises. *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A distance learning module*. 2011. https://tinyurl.com/y7y6em8d

**3.** UNHCR. *Operational Guidance Mental Health and Psychosocial Support for Refugee Operations*. 2013. https://tinyurl.com/y8kq3e3t

**4.** UNFPA, Save the Children. *Adolescent sexual and reproductive health tool kit for humanitarian setting*. 2009. https://tinyurl.com/ybn9dbem

**5.** WHO. *Health Resources Availability Monitoring System (HeRAMS): Technical Guidelines*. https://tinyurl.com/y8ypauhc

**6.** Sommer, Marni. *Key standards on menstrual hygiene management*. 2012. https://tinyurl.com/y8sxrhl2

**7.** UNDP et.al. 2016 Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions (the "TRANSIT"). https://tinyurl.com/kbh3eyd

**8.** UNFPA et al. Implementing comprehensive HIV and STI programmes with men who have sex with men. 2015, https://tinyurl.com/y9lhob3z

# Livelihoods

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 programing (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 fulfil 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 is 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 30–39 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 52–53 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 258–259 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 43). 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 40–43.)

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. CLARA: Cohort Livelihoods and Risk Analysis Guidance and Toolkit. 2016. https://tinyurl.com/yan6q55s
- Women's Refugee Commission. Preventing Gender Based Violence, Building Livelihoods. 2015. https://tinyurl.com/y8g3o3b6
- WFP, Technical Note on use of gender- and empowerment-integrated market assessment surveys. 2016. https://tinyurl.com/yddyow9b
- WFP VAM. Gender Analysis in Market Assessments — Tools. https://tinyurl.com/y7ml5268
- Pasteur, K. Gender analysis for sustainable livelihoods frameworks, tools and links. 2002. https://tinyurl.com/ybyosvau
- ILO. *A practical guide to mainstreaming gender analysis in value chain development*. 2007. https://tinyurl.com/yd8vfnmn
- Mercy Corps. *Gender and Market Development*. 2015. https://tinyurl.com/ycranec5

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | Identify opportunities for an integrated **comprehensive gender analysis** 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

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 as 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?

## KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN LIVELIHOODS 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 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, LGBTI 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 88 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 52–53 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


Aquarius

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **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?** | 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.<br>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. |
| **Are women and men participating equally in livelihoods programmes?** | Women face barriers to accessing programmes as offered at times which do not take account of care work.<br>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. | Women, young women and young men contribute to their own livelihoods | Percentage of women, young women and young men who report providing for themselves. |
| **Do livelihood opportunities which have been provided since the crisis challenge structural gender inequalities?** | Livelihoods programmes reinforce traditional gender roles and stereotypes due to existing norms and lack of role models in non-traditional activities. | Women, men, boys and girls are more confident in joining income-generating activities in non-traditional sectors | Percentage of women, men, boys and girls who join non-conventional income-generating activities, disaggregated by type of activity. |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Livelihood interventions are designed as per the findings of the 24-hour daily work analysis.<br><br>Provide childcare services to women engaged in livelihoods interventions.<br><br>Men and boys take more active roles in unpaid care work in the household. | Number and percentage of hours females spend on unpaid household care compared to males<br><br>Women report (in focus group discussions) feeling confident to leave their children in the care of childcare services or other trusted individuals<br><br>Percentage of women, girls, men and boys who report shifts in conventional household chores being redistributed on the level of unpaid household care | Conduct an analysis of household care work as part of broader livelihoods programming. The 24-hour daily work analysis can be used for this.<br><br>Provide childcare alongside livelihoods programming.<br><br>Raise the awareness of men and boys on shared responsibilities for unpaid household care work. |
| Increase access of women to livelihoods programming.<br><br>Women, young women and young men feel safe in joining the labour market. | Number and percentage of women, girls, men and boys participating in each livelihood activity<br><br>Number and percentage of women and young women and young men who report being safe in joining the labour market | Livelihoods programming targeting women takes place at appropriate times, taking into consideration their care roles.<br><br>Conduct safety audits to identify where and when risks occur.<br><br>Develop codes of conduct for employers. |
| Women, men, boys and girls access a wide spectrum of non-conventional livelihood sectors. | Number and percentage of women, girls, men and boys participating in each livelihood activity<br><br>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 | Offer livelihood programming — vocational training, job placement — that challenges structural gender inequalities to women, girls, men and boys.<br><br>Identify role models to champion roles which are non-traditional for each gender such as female construction workers. |

# 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 52–53 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.

## GBV prevention and mitigation

**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 88 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.

### 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 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 52–53) 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 88 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, pages 84–87 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.

# 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 of different ages and abilities as well as build/strengthen their capacities. (See section B, page 60 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

**1.** The Sphere Project. *Minimum Standards in Shelter, Settlement and Non-food items*. Humanitarian Charter and Minimum Standards in Humanitarian Response. 2011. https://tinyurl.com/y8h59pu9

**2.** IASC. "Livelihoods." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj

## KEY RESOURCES

**1.** Women's Refugee Commission. *Building Livelihoods: A field manual for practitioners in humanitarian settings*. 2009. https://tinyurl.com/yalln6pt

**2.** Women's Refugee Commission. *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence*. 2016. https://tinyurl.com/gp6zlg7

## 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."

ADAPTED FROM: OXFAM INTERNATIONAL TSUNAMI FUND FINAL EVALUATION: GENDER REVIEW SUMMARY (2009) P19 HTTPS://TINYURL.COM/YB3X7XVJ

# Nutrition

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.

# 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 30–39 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 43). 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).

### KEY ASSESSMENT TOOLS:

- IASC Gender Marker Tip Sheet: https://tinyurl.com/bodlmcg

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

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 284–286 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 284–285 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 88 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 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 52–53 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:

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Do women, girls, men and boys have equal access to sufficient and culturally appropriate nutrition, health and WASH programmes and services?** | Barriers to women's mobility affect their ability to attend nutrition and health services or distribution sites or water points.<br><br>Elderly people, persons with disabilities and young or sick children cannot walk to the nutrition and health services or water points.<br><br>Opportunity cost of using services perceived as too high (e.g. lost revenue due to planting season). | Increased access to nutrition services either via direct attendance or through delivery of services among the most vulnerable. | Number and percentage of at-risk groups that gain access to nutrition services via one of the distribution channels |
| **What gender/age and other diversity-linked beliefs and practices such as food taboos prevent access?** | 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. | Increased access to nutrition services due to elimination of social beliefs and cultural taboos. | Percentage of women, girls, men and boys who access nutrition services as a result of elimination of social beliefs and cultural taboos |
| **What is the nutritional status of pregnant and lactating women?** | 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. | Improved nutritional status of women of childbearing age, pregnant and lactating women and their babies.<br><br>Improved expectations of taking the pregnancy to term. | Percentage of women and babies with health results within the margins of accepted nutrition standards e.g. Sphere Project<br><br>Number and percentage of assisted pregnant women who take the pregnancy to term |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Low attendance barriers are addressed and solutions are offered to reach the most vulnerable.<br><br>Women, girls, men, boys and people with disabilities are more aware of the importance of proper nutrition interventions. | Number of distribution channels identified to reach at-risk groups<br><br>Percentage of women, girls, men and boys and people with disabilities who report being aware of the importance of proper nutrition interventions | Develop special transportation arrangements and service delivery methods to ensure access for beneficiaries identified as facing barriers to access.<br><br>Develop and deliver a communication campaign on the importance of accessing nutrition services. |
| Women, girls, men and boys are aware of the non-scientific justification of cultural beliefs and taboos. | Number and percentage of people participating in activities addressing food taboos<br><br>Women, girls, men and boys report (in focus group discussions) being convinced that cultural beliefs and taboos are not supported by scientific justification | Develop and deliver a communication campaign addressing harmful traditions and/or taboos. |
| High-risk groups have regular access to fortified food, vitamins and other micronutrients. | Number and percentage of women and adolescent girls in high-risk groups who have access to fortified food, vitamins and micronutrients | 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. |

# 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 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 52–53 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.

# 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 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 the 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/bodlmcg

## 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 88 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.

## KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN NUTRITION 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, 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 breast-feeding 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 consider-ing 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 52–53 for more information).

Monitor whether the nutrition programme adheres to the **"do no harm"** principle (see section B, page 88 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, pages 84–87 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.

# 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 60 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


**1.** The Sphere Project. "Minimum Standards in Food Security and Nutrition." *Humanitarian Charter and Minimum Standards in Humanitarian Response*. 2011. https://tinyurl.com/yapnzyn3

**2.** IASC. "Nutrition." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj


## KEY RESOURCES


**1.** Global Food Security Cluster, Global Nutrition Cluster. *Mainstreaming Accountability to Affected Population & Core People-Related Issues in the HPC through the Cluster System*. 2014. https://tinyurl.com/y75vcqd9

# Protection

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 of 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 suggests 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 30–39 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 308–309 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 43). For the protection sector, it is important to seek qualitative data in discussion with protection committees. (See more on data in section B, pages 40–43.) 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:

- UNHCR. *Field Handbook for the Implementation of UNHCR Best Interests Determination Guidelines*. 2011. https://tinyurl.com/yagz9m9j
- UNHCR. *Handbook for the Protection of Women and Girls*. 2008. https://tinyurl.com/cwnklm
- United Nations. The Gender Guidelines for Mine Action Programming. 2010. https://tinyurl.com/yaalpfou
- UNICEF. *Promoting Gender Equality through UNICEF-Supported Programming in Child Protection*. 2010. https://tinyurl.com/y7pnk8kw
- Global Protection Cluster. *Child Protection Rapid Assessment Toolkit*. 2012. https://tinyurl.com/ybz8adgr
- 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

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report<br>https://tinyurl.com/ybyerydk<br>and<br>https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations.<br>https://tinyurl.com/p5rqgut |

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?

## 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

## KEY APPROACHES AND STANDARDS FOR NEEDS ASSESSMENT AND ANALYSIS IN PROTECTION 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-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, LGBTI 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 88 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 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 52–53 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 | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Are women and girls included in registration and identification efforts?** | 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. | Women, girls, men and boys benefit from services provided in the humanitarian context due to having means of identification and registration in databases. | Percentage increase of women, girls, men and boys accessing services as a result of having means of identification |
| **Are women, girls, men and boys confident that security and/or police forces can provide formal protection?** | Security and/or police forces do not have the mechanisms, capacity or understanding to monitor and enforce protection of crisis-affected populations. | Women, girls, men and boys trust that service providers and security services and police forces will provide the right assistance to meet their protection needs. | 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 |
| **Do people have access to a fair and accessible judicial system with follow-up support services?** | Women and girls feel they need support in accessing an intimidating legal and justice system. | Women, girls, men and boys trust and turn to the judicial system.<br><br>Women, girls, men and boys experience improvements in psychosocial well-being as a result of follow-up support systems. | Number and percentage of women, girls, men and boys who access the legal/justice system or/and follow-up support<br><br>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.) |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| The presence of women, girls, men and boys is identified and they access registration and identification efforts.<br><br>Women, girls, men and boys are in possession of needed means of identification. | Number and locations of mapping efforts to reach non-registered target population<br><br>Number and percentage of women, girls, men and boys in possession of identification | Conduct outreach initiatives to map the whereabouts of un- or underregistered women, girls, men and boys.<br><br>Ensure assistance for women, girls, men and boys to receive and/or retrieve:<br>• birth and death certificates<br>• passports<br>• ID cards<br>• land ownership deeds<br>• marriage and divorce certificates<br><br>Assist women and girls to receive and/or retrieve:<br>• birth certificates,<br>• passports,<br>• ID cards<br>• land ownership deeds |
| 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.<br><br>Protection cases are properly handled, reported and/or referred by security staff and police forces. | Percentage over baseline (or pre-tests) of security staff and police forces who have improved knowledge of protection issues, rights and codes of conduct<br><br>Number and percentage of protection cases received, handled, and/or referred to relevant service providers | Build staff capacity and knowledge of protection issues and rights of crisis-affected populations.<br><br>Develop and implement a code of conduct to combat sexual abuse and exploitation for members and partners working in the protection field.<br><br>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). |
| Women, girls, men and boys in affected communities are aware of the various channels to seek legal/justice support.<br><br>Women, girls, men and boys have access to the legal/justice system and/or follow-up support service to improve their psycho-social well-being. | Number and percentage of women, girls, men and boys who report knowledge of the legal channels needed for legal/justice support<br><br>Number and types of legal/justice and referral support systems available to support women, girls, men and boys | Inform local communities about the nature of formal and customary legal and judicial systems in place within the affected communities.<br><br>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 52–53 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

### 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 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 88 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.

### 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 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.

## Transformative approach

### 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 88 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, pages 84–87 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.

# 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 60 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

**1.** Global Protection Cluster. IASC *Protection Policy*. 2014. https://tinyurl.com/y87mvjlr

**2.** The Sphere Project. "Protection Principles." *Humanitarian Charter and Minimum Standards in Humanitarian Response*. 2011. https://tinyurl.com/y836dlso

**3.** IASC GBV Protection Guidelines: *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/yaj6xspf This includes guidance on HLP, Mine Action, Child Protection and GBV.

## KEY RESOURCES

**1.** UNHCR. *Handbook for the Protection of Women and Girls*. 2008. https://tinyurl.com/cwnklm

**2.** UNFPA. *Manual on Social Norms and Change to Promote the Abandonment of FGM*. 2016. https://tinyurl.com/ybsy45sq

**3.** UNHCR. *Working with Men and Boy Survivors of Sexual and Gender-Based Violence in Forced Displacement*. 2012. https://tinyurl.com/yawhbjsz

**4.** UNHCR. *Protecting Persons with Diverse Sexual Orientations and Gender Identities*. 2015. https://tinyurl.com/gntbsyp

**5.** United Nations, Strategy of the United Nations on Mine Action (2013–2018). https://tinyurl.com/ycdsnea3

**6.** Women's Refugee Commission Urban GBV Case Studies. 2017. https://tinyurl.com/y97bpqxp

# Shelter

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

### 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 30–39 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 332–333 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 43). 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 40–43 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:

- CARE. "Integrating Gender in Shelter Assessments, Planning and Programming". *Gender and Shelter: Good Programming Guidelines*. 2016. https://tinyurl.com/y95tjj2k
- Global Shelter Cluster. *GBV Constant Companion*. https://tinyurl.com/y95tjj2k
- National Centre for Health Statistics. *Washington Group Questions on Disability*. 2010. https://tinyurl.com/y7blsa7j
- Global Shelter Cluster, *Guidance on mainstreaming gender and diversity in shelter*, 2013 programm: https://tinyurl.com/y9uxbuqt

## KEY ACTIVITIES FOR GENDER ANALYSIS DURING A HUMANITARIAN RESPONSE

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report<br>https://tinyurl.com/ybyerydk<br>and<br>https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations.<br>https://tinyurl.com/p5rqgut |

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.

## 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 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).

## 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 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 88 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 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 52–53 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 336–339 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 NFIs 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.

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **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?** | Women and girls are not involved in shelter construction and can be excluded from the process.<br><br>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.<br><br>Older people and people with disabilities may face difficulties when building their own shelters and there is a gap in additional support.<br><br>Other groups (such as widows) may not be supported by the community as they may not have equal rights to housing, land and property. | Women, girls and the less vulnerable live with dignity in appropriate shelter they have built.<br><br>Women and older girls access income-generating activities in the construction sector. | Percentage of women who are trained and able to use their skills to improve their shelters<br><br>Percentage of trained women who engage in income-generating activities in the construction sector |
| **Are women, girls, men, boys and LGBTI individuals safe from different forms of violence in or around their allocated shelter?** | 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.<br><br>Children have no specific place designated for them where they can feel safe.<br><br>Women do not feel safe in the shelters or walking around at night, as men sleep outside when shelters are too hot.<br><br>Woman, girls and boys feel unsafe since they are compelled to share accommodation with men who are not members of their immediate family. | Women, girls, men, boys, people with disabilities and LGBTI individuals feel safe in and around their allocated shelters. | Number and percentage of women, girls, men, boys, people with disabilities and LGBTI individuals who report feeling safe in and around their allocated shelters |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| More women and girls are engaged in construction and acquire necessary skills to enter the construction field.<br><br>Community initiatives assist the most vulnerable in the construction of their shelters. | Number and percentage of women and girls trained in construction skills<br><br>Number and percentage of community initiatives that effectively assist most vulnerable in the construction of shelter | Provide training for or link women and girls to training to learn construction skills.<br><br>Establish and promote community engagement initiatives to provide construction support to the vulnerable.<br><br>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.<br><br>Appropriate physical environments that ensure dignity and privacy are established.<br><br>Child-friendly spaces are provided.<br><br>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<br><br>Number of shelters equipped to meet the appropriate standards<br><br>Number of child-friendly spaces established in safe and accessible locations<br><br>Number of routine patrol checks per day<br><br>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.<br><br>Ensure that the construction of shelters meets appropriate standards of ventilation, safe and contained outdoor spaces, and adequate partitions.<br><br>Establish child-friendly spaces within shelters.<br><br>Organize routine spot checks and community consultations as part of efforts to prevent GBV. |

| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **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?**<br><br>**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)*?** | Transgender people have specific shelter needs that may fall outside the usual requirements or that they may find difficult to express in large meetings.<br><br>Men and women cannot attend meetings because they happen during work hours.<br><br>Women cannot attend meetings because they need to care for their children.<br><br>Displaced women in urban settings are unable to access community meetings since they do not feel safe traveling to meetings alone. | Shelter is designed in a way that responds to the basic differing needs of the targeted population. | Percentage of women, girls, men and boys who report that the shelters meet their differing needs. |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Increased participation of women, girls, men and boys to shelter consultation meetings.<br><br>LGBTI support groups voice the needs of the LGBTI population affected by the crisis. | Number and percentage of women, girls, men and boys who attend shelter consultation meetings.<br><br>Number of LGBTI partners who are taking the lead in identifying and reporting on the needs of LGBTI members in the targeted community. | Establish and implement a safe, efficient and gender-responsive mechanism for people, including LGBTI individuals, to report shelter needs.<br><br>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.<br><br>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. |

# 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 52–53 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.

# 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 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 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 the more detail in the table below).

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

## Good practice

Focus groups discussions for a 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.

ADAPTED FROM: THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES SHELTER PROGRAMME IN HAITI 2010–2012: LESSONS LEARNED AND BEST

## 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 88 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.

## KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN SHELTER 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 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 88 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, pages 84–87 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.

# 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 60 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


**1.** The Sphere Project. *Minimum Standards in Shelter, Settlement and Non-food items*. Humanitarian Charter and Minimum Standards in Humanitarian Response. 2011. https://tinyurl.com/y8h59pu9

**2.** Global Shelter Cluster. Guidance on mainstreaming gender and diversity in shelter programmes. 2013. https://tinyurl.com/y9uxbuqt

**3.** Global Shelter Cluster. Good Shelter Programming: Tools to Reduce the Risk of GBV in Shelter Programmes. 2016. https://tinyurl.com/y97d3zba

**4.** IASC. "Shelter". *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj/


## KEY RESOURCES


**1.** CARE. *Gender and Shelter: Good Programming Guidelines*. 2016. https://tinyurl.com/y95tjj2k

**2.** IFRC. *Assisting Host Families and Communities after Crises and Natural Disaster: A step-by step guide*. 2012. https://tinyurl.com/ybcnqs3w

**3.** NRC and IFRC. *Security of Tenure in Humanitarian Shelter Operations*. 2014. https://tinyurl.com/yao5ujrk

**4.** The National Centre for Transgender Equality. *Making Shelters Safe for Transgender Evacuees*. 2011. https://tinyurl.com/y8qh38lk

# Water, sanitation and hygiene

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 LGTBI 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.

## KEY GENDER EQUALITY ACTIONS FOR WASH 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 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.

# 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 30–39 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 43). In 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 40–43). 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

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **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/ycwk3r7z<br>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.<br>Identify opportunities for coordination with existing organizations working on gender issues.<br>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. | Briefing note (2 pager) identifying strategic entry points for linking humanitarian programming to existing gender equality programming https://tinyurl.com/yao5d8vs<br>Map and contact details of organizations working on gender in the country<br>Rapid gender analysis report https://tinyurl.com/y9fx5r3s |
| **3 to 4 weeks after the rapid analysis** | 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. | Sectoral gender analysis report https://tinyurl.com/y9xt5h4n |

| TIMEFRAME | ACTIVITY | DELIVERABLE |
|---|---|---|
| **2 to 3 months after the start of the emergency response** | 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.<br><br>Use the gender analysis inputs to inform planning, monitoring and evaluation frameworks including M&E plans, baselines and post-distribution monitoring.<br><br>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). | Concrete questions into (potentially ICT-enhanced) questionnaire.<br><br>Comprehensive gender assessment report https://tinyurl.com/ybyerydk and https://tinyurl.com/ybsqzvjz<br><br>Inputs to planning, monitoring and evaluation-related documents<br><br>1-page questionnaire<br><br>Survey report<br><br>Capacity-strengthening plan |
| **6 months after the response (assuming it is a large-scale response with a year-long timeline)** | Conduct a gender audit/review of how the humanitarian response is utilizing the gender analysis in the programme, campaigns and internal practices.<br><br>The report will feed into a gender learning review half way through the response. | Gender equality review report with an executive summary, key findings and recommendations. |
| **1 year or more after the humanitarian response** | 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. | Gender equality outcome evaluation with an executive summary, findings and recommendations. https://tinyurl.com/p5rqgut |

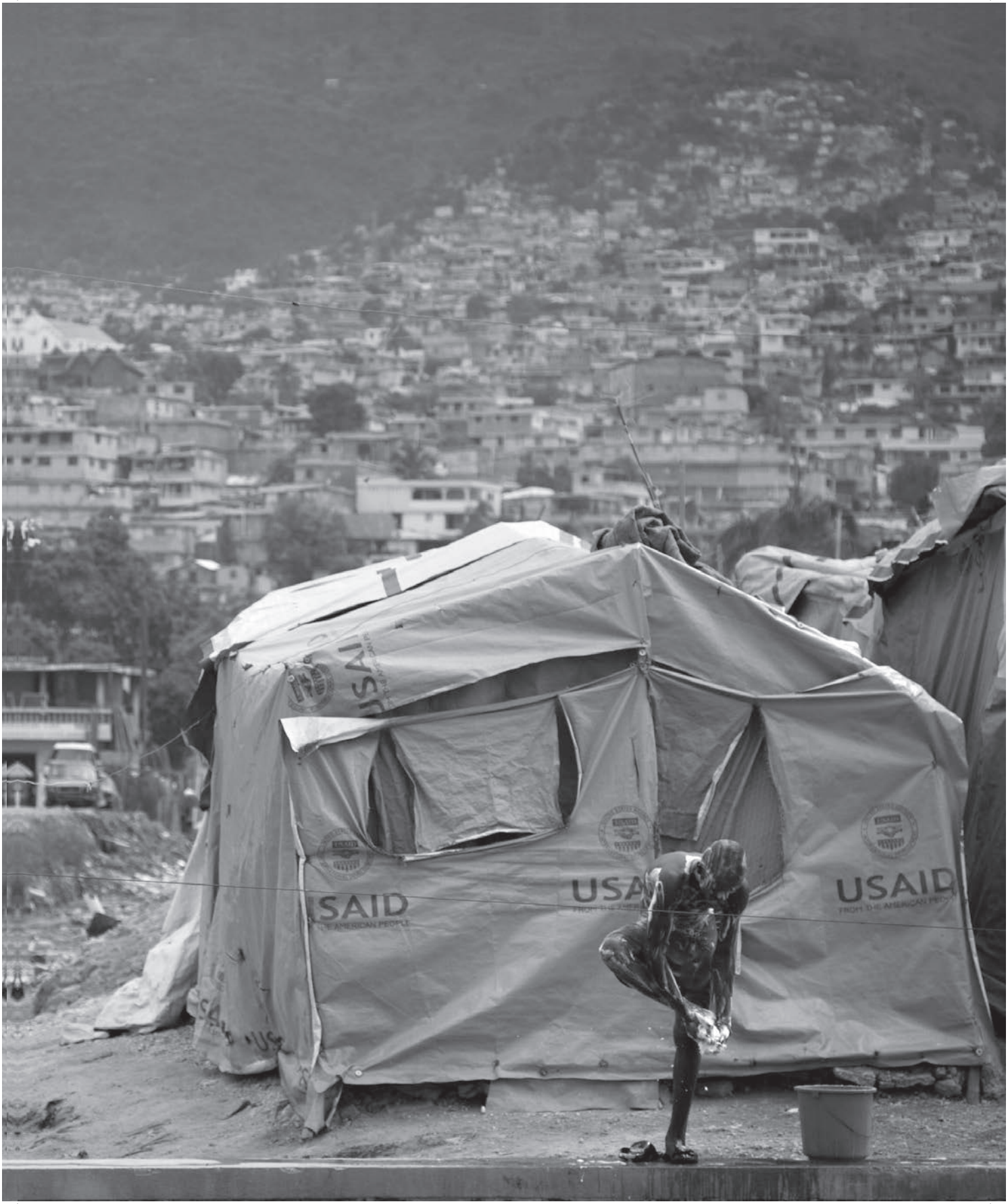
Sources for a gender analysis include census data, Demographic and Health Surveys, gender analysis reports, humanitarian assessment reports, protection and GBV sector reports as well as gender country profiles, such as those produced by UNICEF, Oxfam, CARE and others. These should be supplemented with 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?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## 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 88 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.

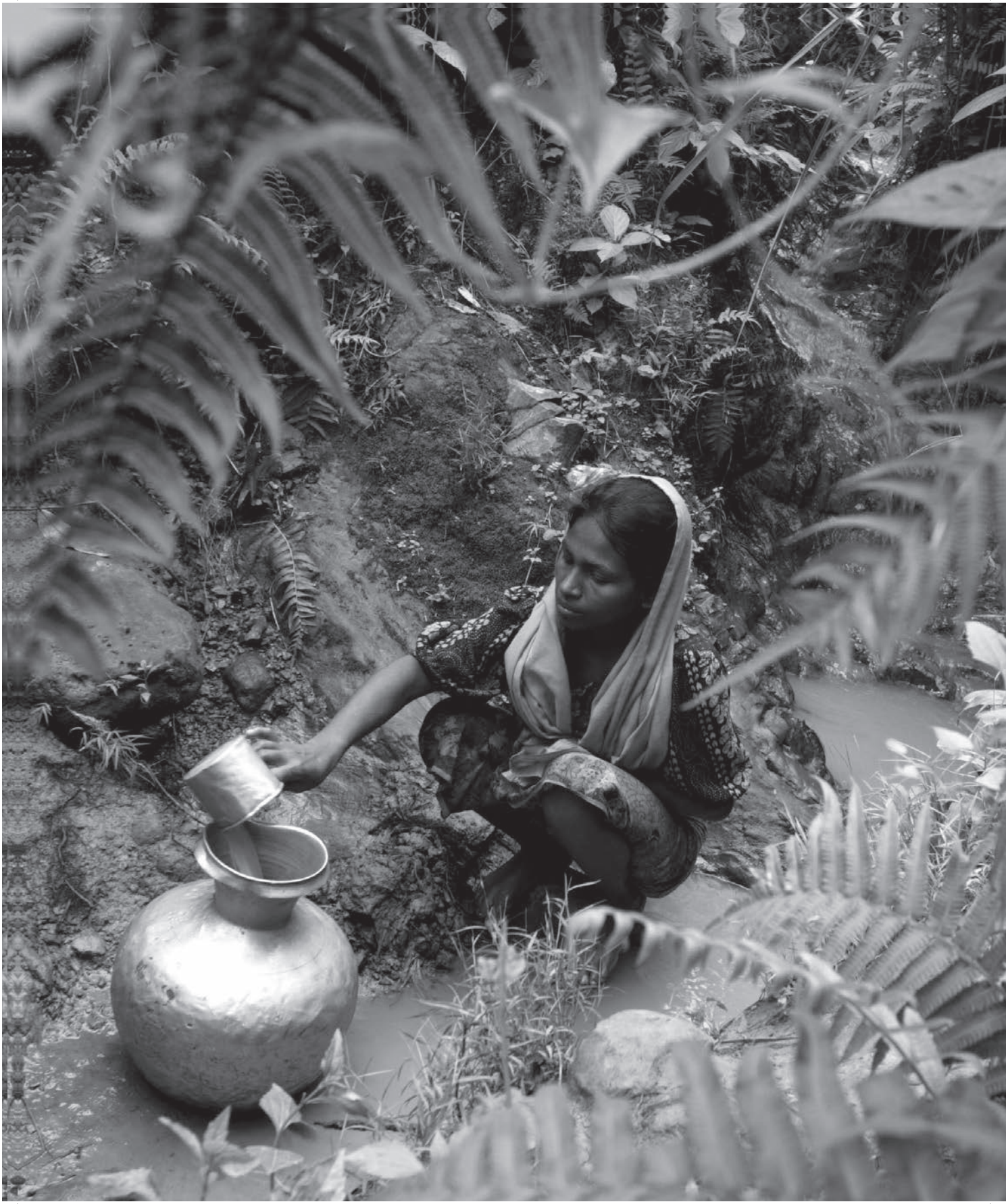
Using the information and data gathered through the gender analysis process, the programme planner can establish a demonstrable and logical link between the programme activities and their intended results in the WASH sector, thus ensuring that the identified needs are addressed. This information needs 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 52–53 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:



| GENDER ANALYSIS QUESTIONS | ISSUES IDENTIFIED | SPECIFIC OBJECTIVES<br>*What specific objective is the operation intended to achieve?* | SPECIFIC OBJECTIVE INDICATORS<br>*Indicators that clearly show the specific objective of the operation has been achieved* |
|---|---|---|---|
| **Do women, girls, men and boys feel safe to use WASH facilities at all times of day and night?** | Women, girls and boys do not feel safe using sanitation facilities because:<br>• showers/toilets are too far away from homes;<br>• paths to facilities are risky at night;<br>• lack of privacy;<br>• 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. | Women, girls, men and boys feel safe when accessing sanitation services.<br><br>Decreased incidence of diseases transmitted as a result of poor hand hygiene among children and their caregivers. | Percentage of women, girls, men and boys, who report feeling safe while accessing sanitation services<br><br>Decrease in the percentage of children and their caregivers contracting diseases as a result of improper handwashing |
| **Who collects water and how often? Is there a queue at the main water point and who is in the queue?** | 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. | Improved health conditions as a result of appropriate and sufficient access to water. | A decrease in the percentage of sickness resulting from poor water intake among targeted populations<br><br>A decrease in the percentage of back and joint injuries and pain among women and girls |
| **Are there any barriers to WASH services and facilities for specific groups of people?** | Some LGBTI individuals face discrimination or violence when using communal latrines or bathing facilities designated for men or women. | LGBTI individuals feel safe accessing WASH facilities. | Percentage of LGBTI individuals who report feeling safe accessing WASH facilities |

| EXPECTED RESULTS<br>*The outputs of the intervention that will achieve the specific objective* | EXPECTED RESULTS INDICATORS (OUTPUT INDICATORS)<br>*Indicators to measure the extent the intervention achieves the expected result* | GENDER-ADAPTED PROGRAMMING ACTIVITIES |
|---|---|---|
| Sanitation and hygiene locations are designed and equipped with necessary safety measures.<br><br>Security patrols play a role in reinforcing protection measures around sanitation and hygiene locations.<br><br>Women, girls, men and boys are aware of the importance of handwashing in limiting some types of diseases. | Number and percentage of sanitation and hygiene locations equipped with necessary safety measures<br><br>Number and percentage of incidents reported around sanitation locations decrease<br><br>Number and percentage of women, girls, men and boys who report understanding the importance of handwashing | Ensure that sanitation facilities have sufficient lighting, provide privacy, have locks on the inside and are located in sites.<br><br>Establish community-based security patrols of facilities and collection points.<br><br>Provide adequate lighting on paths to sanitation facilities (if there is electricity), or provide "night pots" or torches.<br><br>Assign allowed gathering areas with appropriate lighting.<br><br>Equip the WASH locations with standard amenities (steps at the base of basins, soap on a rope) and install handwashing stations.<br><br>Conduct awareness-raising sessions on the importance of handwashing. |
| More efficient and accessible water collection and transportation for women, girls and boys.<br><br>More men are engaged in water collection and transportation. | Percentage of women, girls, men and boys reporting satisfaction with the accessibility of water points and water containers<br><br>Number and percentage of men engaged in water collection and transportation (increase over baseline) | Improve water supply conditions (water pressure, platforms so water containers are filled at a convenient height).<br><br>Provide easy-to-transport collection containers.<br><br>Raise the awareness of community members on the importance of sharing household chores related to collection and transportation of water. |
| More accessible WASH facilities for LGBTI individuals who were facing discrimination. | Percentage and number of LGBTI individuals who access WASH facilities | Work with relevant LGBTI groups and protection colleagues to identify safe strategies and WASH facilities, for example, facilities at the household level. |

# 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 52–53 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.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# 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 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 the more detail in the table that follows).

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

**KEY MONITORING TOOL:**

- UNHCR. *WASH Safety and Security Checklist*. 2015. https://tinyurl.com/y9nkvehl

## 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.

## KEY APPROACHES AND STANDARDS FOR PLANNING, IMPLEMENTATION AND MONITORING IN WASH PROGRAMMING (CONTINUED)

### 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 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 88 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.

## 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.

## Transformative approach

### 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 52–53 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 88 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, pages 84–87 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

# 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 60 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


**1.** The Sphere Project. "Minimum Standards in water supply, sanitation and hygiene promotion." *Humanitarian Charter and Minimum Standards in Humanitarian Response*. 2011. https://tinyurl.com/yd7pstwy

**2.** Global WASH Cluster. *Minimum Commitments for the Safety and Dignity of Affected People*. https://tinyurl.com/y7mrlbb4

**3.** UNHCR. *WASH Manual for Refugee Settings*. 2015 https://tinyurl.com/y8n2y95n

**4.** IASC. "WASH." *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. 2015. https://tinyurl.com/y9ynutoj


## KEY RESOURCES


**1.** Oxfam. *A Little Gender Handbook for Emergencies or Just Plain Common Sense*. 1999. https://tinyurl.com/ybnth4vk