THE IASC GENDER ACCOUNTABILITY FRAMEWORK REPORT - 2018

IASC Inter-Agency Standing Committee
Reference Group for Gender in Humanitarian Action

UN WOMEN

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ACKNOWLEDGEMENTS

The 2018 IASC Gender Accountability Framework Report is produced by UN Women, on behalf of the Inter-Agency Standing Committee's Reference Group for Gender in Humanitarian Action (GRG). The Report marks the first monitoring cycle of the IASC's Gender Equality and the Empowerment of Women and Girls in Humanitarian Action Policy endorsed in 2017 alongside the accompanying Accountability Framework. As per the provisions of the endorsed AF document, a Gender Desk (hosted by UN Women on behalf of the IASC's Gender Reference Group) was tasked with the requisite data collection, consolidation and synthesis to fulfill the reporting requirements of the Accountability Framework.

Reporting on the implementation of the 2017 Gender Policy, this Accountability Framework Report is intended to capture, monitor, and measure the performance of the IASC Bodies as per the standards, roles and responsibilities set out in the Policy and how they have been implemented at global and field level. Over time, it is intended to show progress in the implementation of the Policy. As the inaugural Report, the information contained in this Report will serve as the baseline by which to measure progress.

The information required to carry out this analysis was gathered from a wide range of sources. This included liaising with the global and field level representation of IASC bodies with the support of the IASC Secretariat and the network of OCHA and UN Women country offices. Direct inputs submitted from 25 country contexts, including from Humanitarian Country Teams, as well as information from the IASC subsidiary bodies and global clusters was also crucial in the data collection process. The development of this Report was supported by funding from the Swedish International Development Cooperation Agency, Sida.

UN Women would like to express its gratitude to all the stakeholders who provided their inputs and contributions to this report process.

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LIST OF ACRONYMS

AAP	Accountability to Affected Populations
AF	Accountability Framework
CBPF	Country Based Pooled Funds
CCCM	Camp Management and Camp Coordination
CERF	Central Emergency Response Fund
ECOSOC HAS	The Economic and Social Council - Humanitarian Affairs Segment
EDG	Emergency Directors Group
GAM	Gender with Age Marker
GBV	Gender-Based Violence
GenCap	Gender Standby Capacity Project
GEEWG	Gender Equality and the Empowerment of Women and Girls
GFP	Gender Focal Point
GiHA	Gender in Humanitarian Action
GRG	Gender Reference Group of the IASC
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
MCH	Maternal and Child Health
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OPAG	Operational Policy and Advocacy Group
P2P	Peer-to-Peer Support Project
PSEA	Protection Against Sexual Exploitation and Abuse
SADD	Sex and Age Disaggregated Data
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women and Girls
WFP	World Food Programme

EXECUTIVE SUMMARY

This 2018 Inter-Agency Standing Committee (IASC) Gender Accountability Framework (AF) report marks the first monitoring cycle of the IASC's *Gender Equality and the Empowerment of Women and Girls in Humanitarian Action Policy* endorsed in 2017. It provides a snapshot and baseline of where the structures and representation of the IASC were at during the calendar year of 2018 with regards to fulfilling the commitments, standards and roles and responsibilities set out in the Gender Policy.

Global Level - The IASC showed inconsistency in the adoption and application of its Gender Policy. For the Principal's output in 2018, only one-third of its published decisions reflected inclusion of the commitments to gender. For example, they were only reflected through reference to PSEA and AAP in the Strategic Priorities set for the IASC for 2018-2019.

The workplans for the Working Group and the Emergency Directors Group covering 2018 were rolled over from 2017, before the Gender Policy was adopted.

2018 saw the launch of two key IASC gender in humanitarian action tools, namely the IASC's Gender with Age Marker and the IASC Gender Handbook for Humanitarian Action. Both these resources were developed by GenCap and the Gender Reference Group (GRG) respectively, the two mechanisms offering gender in humanitarian action capacity to the IASC. However, it should be noted that the other key outputs of the Working Group in 2018 – *the Protocols on Humanitarian System-Wide Scale-Up Activation* – which were developed without gender-in-humanitarian-action technical capacity input, had very limited content from the Gender Policy. This demonstrates the need for continued cooperation and dialogue across the IASC to ensure gender commitments are upheld.

Feedback from the global clusters was limited. This is likely due to a lack of knowledge of the 2017 IASC Gender Policy and their reporting obligations to the Accountability Framework. This is an issue that will need to be addressed by the Principals, the Operational Policy and Advocacy Group (OPAG) and the GRG. The former for reiterating to its constituent parts the IASC's stated policy and reporting commitments and the latter two for socializing the policy contents and the AF's added value to the IASC.

Feedback from the subsidiary bodies was limited due to their being dissolved in 2019 (other than the *Reference Group on Mental Health and Psychosocial Support in Emergency Settings* and the GRG).

Field Level - It is welcoming to see 90% of the Humanitarian Needs Overviews published in 2018 had some degree of gender analysis included on the impact of the given crises on women, men, girls and boys (beyond just protection and reproductive health issues) and 55% of them demonstrated use of SADD in at least half of the clusters contained within. However, it is important to reflect that only 45% of them contained both. Furthermore, the issues identified in the gender analysis was inconsistently applied to the prioritized actions of the clusters/sectors in the HNOs and the HRPs. It is worth noting that only five of the reporting countries had an independent gender analysis developed as a resource to feed into the humanitarian planning process.

Looking at specific action plans that address the specific needs (though not exclusive) of women and girls, the Humanitarian Response Plans were reviewed for inclusion of action on sexual and reproductive health (70% included), women's economic empowerment (60%), mitigation and response to GBV (65%).

70% and 95% of the HRPs included strategies and plans for PSEA and AAP, respectively. But what needs to be further developed are details on how women and girls can equally and safely access the feedback and complaints mechanisms that are central to both.

In terms of functioning gender reference/working groups at the country level, 44% of the reporting countries had them functioning in 2018. Often, these gender working groups were the main-point of contact of consultation with local women's groups. But there were other points of contact, with 56% of the reporting country contexts confirming direct consultations with local women's organizations during the humanitarian planning process.

RECOMMENDATIONS

The report provides a set of recommendations applicable to the bodies and representation of the IASC at the global and field level. They are contained below with the detailed analysis for each indicator.

INTRODUCTION

The Inter-Agency Standing Committee's (IASC) 2017 *Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action* (henceforth referred to as the Policy) was a renewal of the IASC's commitments to make gender equality and empowerment core to its function of coordinating global humanitarian response efforts. It lays out measures for the IASC at global and field levels to integrate gender equality and the empowerment of women and girls (GEEWG) into all its preparedness, response and recovery efforts.

To monitor its own progress and hold itself accountable to the commitments contained within, the IASC also developed an Accountability Framework (AF) to accompany the Policy. The AF focuses on the collective actions of the IASC with regards to GEEWG, monitoring the collective performance of the IASC on standards defined in the Policy, as well as the performance of IASC bodies with regards to fulfilling their roles and responsibilities, as prescribed in the Policy. As such, the overall aims of the AF are:

- To monitor the collective actions of the IASC – at both global and field levels - to integrate GEEWG into the coordination of humanitarian response efforts around the world;
- To help the IASC to better prioritize its actions with regards to GEEWG and develop a 'shared agenda';
- To foster a culture of accountability within the IASC in regards to the promotion of gender equality issues.
- To allow the IASC to demonstrate where it has fulfilled its commitments.

Outline of Process

Reporting on the implementation of the Policy, the AF is intended to capture, monitor, and measure the performance of the IASC Bodies as per the standards, roles and responsibilities set out in the Policy and how they have been implemented at global and field level. Over time, it is intended to show progress in the implementation of the Policy.

As per the provisions of the endorsed AF document, a **Gender Desk** (hosted by UN Women on behalf of the IASC's Gender Reference Group) was tasked with the requisite data collection, consolidation and synthesis to fulfill the reporting requirements of the AF.

The monitoring and reporting is done against the two logframes contained within the AF covering:

1) The Standards of the Gender Policy
- Analysis, Design and Implementation
- Participation and Leadership
- Organizational Practice to Deliver on Programme Commitments – financial resources, human resources
- Monitoring and Evaluation

2) Roles and Responsibilities defined in the Gender Policy:
- Principals Group,
- Working Group,
- Emergency Directors Group,
- P2P,
- GRG,
- Subsidiary Bodies,
- Global Clusters,
- Humanitarian Coordinators,
- Humanitarian Country Teams

In addition, the AF includes an annual self-assessment mechanism, allowing the IASC structures and representation[1] to reflect on their performance vis-à-vis the Gender Policy.

For the analysis of specific documents, a set of criteria was established, where possible. For example, with the purpose of the HNO being to develop a shared understanding of the impact of a crisis on humanitarian needs and to inform the strategic response plan, the official guidance (2014) states that a gender analysis and the use of sex and age disaggregated data must be undertaken to ensure the needs, access and participation of women, girls, boys and men, are adequately identified and addressed.

The review of the HNOs for gender analysis and use of SADD was based on two criteria:

- The impact statement included specific language on how the crisis had specifically affected women and girls beyond protection and maternal health.

- Sex and age disaggregated data was used in at least half of cluster/sector overviews to demonstrate what the specific needs are for women, girls, men and boys and not just limited to macro numbers of male vs female amongst the crisis affected population.

Through the IASC Secretariat and through the network of UN Women country offices and OCHA country offices, the Gender Desk attempted to liaise with all IASC Bodies and field representation, as necessary[2]. It also analyzed the official policies, guidance notes and planning documents developed by the IASC and its representation at the global and field levels over the course of 2018.

Data/Information Sources:

Direct information was received from 25 country contexts – Afghanistan, Cameroon, CAR, Chad, Colombia, Cote d'Ivoire, DRC, Ethiopia, Haiti, Iraq, Jordan Lebanon, Libya, Mali, Myanmar, Nigeria, Pakistan Palestine, Philippines Somalia, Sudan, South Sudan, Syria, Ukraine, Yemen.
HNOs were available from 20 countries - Afghanistan, Cameroon, CAR, Chad, Colombia, DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, oPt, Somalia, South Sudan, Syria, Ukraine, Yemen.
HRPs were available for 20 countries - Afghanistan, Cameroon, CAR, Chad, Colombia[3], DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, Palestine, Somalia, South Sudan, Sudan, Ukraine, Yemen.

In addition, self-assessments were received from the following:

IASC Structures	• Principals, • Working Group • Emergency Directors Group	
Subsidiary Bodies	• Mental Health and Psychosocial Support Reference Group	• Humanitarian Financing Task Team • Gender in Humanitarian Action Reference Group
Global Clusters	• Education • Early Recovery	• Health • Logistics • Protection

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1 Principals Group, Working Group, Emergency Directors Group, P2P, GRG, Subsidiary Bodies, Global Clusters, Humanitarian Coordinators, Humanitarian Country Teams

2 27 Countries with appointed HC under IASC jurisdiction in 2018 - Afghanistan, Cameroon, Central African Republic, Chad, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Haiti, Iraq, Jordan, Lebanon, Libya, Mali, Myanmar, Niger, Nigeria, Pakistan, Palestine, Philippines, Somalia, South Sudan, Sudan, Syrian Arab Republic, Ukraine and Yemen
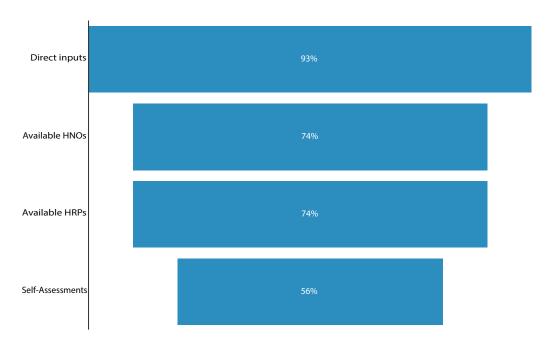
3 Colombia Response Plan for Mixed Migration Flows from Venezuela

Humanitarian Coordinators and HCTs	• Afghanistan	• Nigeria
	• Central African Republic	• Palestine
	• Chad	• Philippines
	• Democratic Republic of the Congo	• Somalia
	• Haiti	• Sudan
	• Iraq	• Syrian Arab Republic
	• Jordan	• Ukraine
	• Lebanon	

PERCENTAGE OF IASC JURISDICTION COUNTRIES REVIEWED THROUGH:

Direct inputs — 93%
Available HNOs — 74%
Available HRPs — 74%
Self-Assessments — 56%

The draft report was shared with the GRG to discuss key findings and develop recommendations in order to strengthen the implementation of the Gender Policy.

The final AF report and recommendations for action were then submitted to the IASC Secretariat to take note of the report's findings and recommendations and to prepare for the implementation of the recommendations.

Challenges:

As this was the first exercise of the Accountability Framework reporting process, there were a number of challenges faced. In particular, there was a lack of familiarity across the IASC structures and field presence on the updated policy and the existence of the AF. As a consequence, much of the IASC was unaware of the reporting obligations outlined in the framework.

In addition, the restructuring the IASC meant that most of the subsidiary bodies were no longer functioning.

This often made the collection of data and information difficult and slow and in some cases, not possible.

Also, the inconsistency of official documents such as HNO/HRPs – be it in terms of layout, format and even availability – made direct comparisons difficult. However, enough information was available to undertake analysis and reach valuable conclusions.

In addition, the type of information that was available was often different from what was anticipated, making it difficult, in some cases, to measure or reach a conclusion for the indicators that were set out in the original AF.

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DELIVERY AT THE GLOBAL LEVEL OF COMMITMENTS TO GENDER IN HUMANITARIAN ACTION

(Principals, Working group, Emergency Directors Group, Subsidiary Bodies, and Global Clusters)

1.1. PRINCIPALS, WORKING GROUP AND EMERGENCY DIRECTORS GROUP

1.1.1. 100% of relevant strategic and policy decisions made by Principals have included gender analysis or gender specific outcomes – 33% (2 of 6)

In 2018, the IASC Principals endorsed six official documents, as recorded on the IASC website. Of these six, the *Revised Guidance Note and Resource List for the 2017 IASC AAP Commitments* were consistent with the standards of the IASC Gender Policy, by including provision for gender sensitive feedback mechanisms, gender capacity and including Gender Equality Programming as a deliverable in TORs of humanitarian programmers. It should be noted that the Guidance Note does not include the IASC Gender Policy in the resource list section.

The Principals also published the *Protocols on Humanitarian System-Wide Scale-Up Activation: Definition and Procedures, 2018*. Integration of gender into the working of these important operational procedures is limited to only disaggregating needs by gender (and other forms of intersectionality) in the formulation of the initial situational assessment.

The Principals set the IASC's *2018-2019 strategic priorities* and thematic issues for the IASC but did not include any specific reference to the gender equality and the empowerment of women and girls in humanitarian action. Only AAP and PSEA were included as thematic issues under the Accountability and Inclusion strategic priority.

The *Strategy on Protection from and Response to Sexual Exploitation and Abuse and Sexual Harassment*, 2018 did not contain any gender specifics on how women, girls, men or boys can access the cited complaints mechanisms, or the differentiated specific support and protection services required by survivors of SEA.

The *IASC Standard Operating Procedures for Early Action to El Niño/La Niña Episodes 2018*, was limited to a reference to the inclusion of gender in guiding governments that are conducting risk and vulnerability assessments.

The *Statement From the Principals of OCHA, UNHCR, WFP and UNICEF on Cash Assistance* reflects on the provision of cash assistance through a common cash system, but does not specify the need to make specific provisions for women.

RECOMMENDATIONS

- When establishing strategic priorities for the future work of the IASC as a whole, the Principals must ensure they include reflection of the commitments, standards and roles and responsibilities set-out in the IASC's 2017 Gender Policy.

- Practical guidance documents published by the IASC Principals – such as the El Nino SOPs and the Cash Assistance Statement cited above – should include provision on how they relate to and will address the specific needs and rights of at-risk or affected women and girls.

- IASC Principals should strengthen the promotion of the IASC Gender Policy and Accountability Framework to all of its structures, member agencies and field representation so that they are aware of the Policy's contents and their obligations with regards roles and responsibilities and reporting requirements.

- The Principals group should ensure that they have – or consult with - the requisite gender in humanitarian action capacity at the decision-making level so that adherence to and application of the Gender Policy is consistent.

1.1.2. The work programmes for the IASC WG, EDG and endorsed by the Principals reflect their Gender Policy Roles and Responsibilities.** [4] N/A

As per the Gender Policy, the Principals are accountable for ensuring the implementation of the Policy by the IASC bodies and member agencies.

Working Group - The 2018 workplan for the IASC Working Group that covered was a roll-over of the 2016-2017, whilst the IASC reform process was ongoing. As such it was written before the new Policy was endorsed. However, it does makes a number of provisions for the IASC's commitments to gender in humanitarian action:

- Strategic prioritization of:
  - o Sexual and gender-based violence prevention and response,
  - o Gender mainstreaming,
  - o PSEA,
  - o Addressing root causes of protection risks

- Activity - Promote, support and monitor implementation of the IASC Gender Policy and its Accountability Framework

- Activity - Promote and support implementation of the revised IASC Gender Based Violence Guidelines,

Emergency Directors Group - Similarly, the Emergency Director's Workplan was rolled over from 2017. It calls for a maintained focus on operationalization of [IASC] gender, GBV and PSEA commitments, ensuring appropriate integration of these issues across EDG activities and mobilizing of support where and when required.

RECOMMENDATIONS

- The IASC Operational Policy and Advocacy Group (OPAG) which replaced the Working Group in 2019, as well as the Emergency Directors Group and Deputies Forum will develop their workplans for 2020 based on the Principal's established strategic priorities. It is essential that gender equality and the empowerment of women and girls is given the space it needs to be operationalized.

- OPAG, EDG and Deputies Forum should ensure that they have the requisite gender capacity at the decision-making level so that adherence to and application of the Gender Policy is consistent.

1.2. SUBSIDIARY BODIES

The IASC Gender in Humanitarian Action Reference Group (GRG):

1.2.1. IASC Bodies have clear communication from the GRG on the Gender Policy**

The endorsed Policy was distributed to all bodies and member agencies of the IASC by the GRG via the IASC Secretariat. It was also distributed via ReliefWeb and the HumanitarianResponse.info. A number of side events were co-hosted by the GRG in 2018, highlighting the Policy and its Accountability Framework.

In addition, the GRG finalized and launched the updated IASC Gender in Humanitarian Action Handbook (2017) in four languages to offer guidance on how to operationalize the integration of gender into the Humanitarian Programme Cycle (HPC), as per the standards and responsibilities set out in the 2017 IASC Gender Policy. 7,000 copies were distributed in over 40 countries.

4 The ** indicates that the indicator has been modified to present qualitative analysis

1.2.2. IASC Subsidiary Bodies engage directly with the GRG on the work-plan output**

This did not happen in 2018.

1.2.3. GRG hosted side events at global humanitarian themed events in which the GRG facilitated dialogue between humanitarian actors and women and youth organizations 2

The GRG co-hosted side events at both 2018 ECOSOC HAS and the Commission on the Status of Women which specifically cited the recently endorsed IASC Gender Policy and Accountability Framework.

RECOMMENDATIONS

- The GRG needs to continue to socialize the contents of the IASC Gender Policy, both globally and at the field level to ensure that all humanitarians are aware of the Policy's existence and what it contains. Working with the IASC Secretariat and Peer 2 Peer group, the GRG should conduct webinars, host relevant and topical events and other communication strategies to ensure all bodies and all positions included in the Policy know what the commitments, standards and roles and responsibilities are that pertain to them and everyone else.

- The GRG should also promote and help facilitate the recommendations contained within this report.

Other Subsidiary Bodies:

1.2.4. Annual work plans of subsidiary bodies make a specific reference to measurable gender equality and the empowerment of women and girls activities and/or have demonstrated mainstreaming of GEEWG. **

Of the six subsidiary bodies functioning in 2018, the *Task Team on the Humanitarian Development Nexus'* (HDN TT) mid-term AWP review made specific reference to the roles and responsibilities of subsidiary bodies outlined in the IASC Gender Policy, and set out a plan to explore how the processes and deliverables of the HDN TT contribute to the implementation of the policy and uphold its standards.

Similarly, the *Task Team on AAP/PSEA* looked to ensure the integration of AAP/PSEA into the humanitarian programme cycle, that included the mainstreaming of gender and protection. It also called for closer ties to the IASC Gender Reference Group.

Whilst it was not reflected its AWP, the *Reference Group on Mental Health and Psychosocial Support in*

Emergency Settings (MHPSS) had specific thematic groups on 'Gender & GBV', and 'Programming for Men and Boys' within the broader IASC MHPSS Reference Group workplan.

For the Humanitarian Financing Task Team, none of the five priority outputs identified for the workplan in 2018 focused on gender, but gender was linked as a cross-cutting theme rather than a specific output.

RECOMMENDATIONS

- The global structures of the IASC should turn to the GRG as a resource to assist all IASC bodies and associated entities to provide technical capacity and support in ensuring the commitments of the IASC Gender Policy are fully realized.

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2 SUPPORT FROM THE GLOBAL LEVEL TO THE FIELD

(Subsidiary bodies, Global clusters, Emergency Directors Group, and Peer to Peer Support Project)

2.1. IASC LED POOLED FUNDING MECHANISMS INCLUDE REQUIREMENTS FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS**

The OCHA managed Country Based Pooled Funds (CBPF) guidelines (2017), calls for all CBPF projects to be "designed, implemented, monitored and evaluated considering the specific needs and constraints faced by women, girls, boys and men". At the proposal design phase, beneficiary numbers are required to be broken down by sex, age and other diversifying factors whenever possible - wherever there are gaps, mechanisms are to be put in place to address them during implementation. A Gender Marker code has to be applied to each proposal. At the reporting stage, partners are required to describe how projects have contributed to promoting gender equality, including the prevention and response to gender based violence.

The CERF Handbook (2018) does not provide any specific guidance on the integration of gender considerations to be included in applications for funding. The application form requires the inclusion of SADD, gender analysis and a coding for the Gender Marker. There is also a GBV assessment process, to identify risks and vulnerabilities for the purpose of including prevention and mitigation activities related to GBV. The reporting mechanism also requires use of SADD so that a comparison can be done with the original target numbers.

In 2018, of the $500.5 million CERF grants approved, $378 million (76 per cent) supported projects marked 2a in the IASC Gender Marker indicating signficant contribution to gender equality, whilst $100 million (20 per cent) was marked 2b, indicating the project having gender equality as a principal objective.

For the Country Based Pooled Funds, $631 million (75 per cent) supported projects marked 2a in the IASC Gender Marker indicating projects designed to contribute significantly to gender equality, whilst $129 million (15 per cent) was marked 2b, indicating the project having gender equality as a principal objective.

In addition, the Emergency Relief Coordinator highlighted women and girls, and measures to address gender based violence as key priority areas for the CERF.

RECOMMENDATIONS

- A guidance note should be developed to compliment the CERF Handbook detailing best practice and expectations of how gender should be integrated into CERF supported projects and how it should be demonstrated in the CERF application.

- Guidance should also be provided on the transition from the IASC Gender Marker to the IASC Gender with Age Marker. Other than projects supporting common services and logistics, specific GAM scores should be mandatory for the types of programmes supported by CERF and the CBPF.

- A tracking mechanism should be established to monitor levels of funding specifically utilized for gender targeted programming.

2.2. RELEVANT IASC POLICIES, DIRECTIVES AND OPERATIONAL GUIDANCE DOCUMENTS – AS SIGNED OFF BY THE WG OR EDG – ARE CONSISTENT WITH THE POLICY COMMITMENTS TO GENDER EQUALITY PROGRAMMING – AND WHERE RELEVANT – INCLUDE GENDER ANALYSIS AND STRATEGIES TO INCLUDE WOMEN AND GIRLS. **

In 2018, the IASC Working Group endorsed the IASC Gender with Age Marker (GAM) and the IASC Gender Handbook for Humanitarian Action. Both are consistent with the 2017 IASC Gender Policy, offering resources and tools on how to integrate gender into humanitarian planning and programming. The Working Group also published its Rules on Sexual Conduct for Humanitarian Workers (Plain English Version), which was also consistent with the Gender Policy.

RECOMMENDATIONS

- The revised IASC Gender with Age Marker (GAM) should be consistently used in the development and monitoring of all humanitarian interventions.

2.3. TORS FOR OPERATIONAL PEER REVIEWS AND P2P MISSIONS ADDRESS RELEVANT GENDER POLICY COMMITMENTS. 0%

In 2018, there were two Peer to Peer support missions to Somalia and Colombia.

Neither of the mission TORs made reference to gender, other than GBV as a critical issue to be looked at under the Colombia mission objectives. They did not include any reference to SADD, gender analysis, or provisions to meet with women's groups, ministries or other gender focused stakeholders.

The nature of P2P missions offers an opportunity to share best practices and get an understanding of successes and challenges. The inclusion of integrating gender equality and the empowerment of women and girls (not limited to protection issues) into the humanitarian response process would be a crucial addition to any P2P mission objectives. As such, it is essential that each P2P mission includes the requisite gender capacity to facilitate this.

RECOMMENDATIONS

- The TORs of P2P missions should integrate gender and make provisions for consultations with women's groups and relevant Government machineries. Furthermore, their mission reports should reflect findings relating to the operations' key gender concerns and how the operations have identified and addressed such issues.

2.4. GLOBAL CLUSTERS HAVE A NOMINATED GENDER FOCAL POINT**

Of the five cluster responses received – Health, Logistics, Protection, Early Recovery and Education – Protection, Education and Early Recovery clusters had a specifically appointed gender focal point (for Education, they had a UNICEF appointed GenCap advising all UNICEF led clusters).

The Health cluster did not have a designated gender focal point, but stated that they seek expert gender advice as needed.

2.5. GLOBAL CLUSTER AWPS HAVE INCLUDED MEASURABLE AND EVIDENCE-BASED GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS ACTIVITIES AND/OR DEMONSTRATED ITS MAINSTREAMING**

Of the five cluster responses received – Health, Logistics, Protection, Early Recovery and Education – Health and Protection cited the inclusion of GEEWG activity and mainstreaming in their on-going work plans.

In particular, the Protection Cluster stated how gender is central to the work of its GBV AoR, with systemic gender inequality recognized as a root cause for GBV. The GBV AoR's vision and key actions are to promote resilience and agency for all, including local women groups' engagement and participation in the work of the AoR.

The Education Cluster's Work Plan was developed before the adoption of the Policy, so did not reflect its contents.

The Early Recovery cluster is being dissolved, so no new work plan was developed for 2018.

The Logistics Cluster, as a service cluster rather than a programme cluster, does not work in the space of directly assisting crisis affected women and girls.

2.6. AT LEAST ONE GLOBAL CLUSTER GUIDANCE DOCUMENT TO COUNTRY LEVEL CLUSTERS DEMONSTRATES HOW TO INTEGRATE GEEWG THROUGH THE PLANNING AND IMPLEMENTATION OF THE COORDINATED RESPONSE EFFORT**

The Health, Education and Protection Clusters had gender guidance materials included in their training materials, strategy toolkits and coordination manual, respectively.

RECOMMENDATIONS

- The Global Clusters should be individually briefed on the content of the 2017 Gender Policy, so that they are informed of its content in terms of the standards and roles and responsibilities assigned to them so that any future product development adequately reflects that.

- The Global Clusters should also be briefed on the 2017 Gender Policy Accountability Framework mechanism, so that they are aware of their reporting obligations.

3 DELIVERY AT THE FIELD LEVEL

(Humanitarian coordinators, Humanitarian Country Teams, and Clusters)

3.1. HUMANITARIAN NEEDS OVERVIEWS (HNO) ARE BASED ON SOLID GENDER ANALYSIS AND SEX AND AGE DISAGGREGATED DATA, WHICH IDENTIFIES GENDER INEQUALITIES THAT LEAD TO DIFFERENT POWER, VULNERABILITIES, CAPACITIES, VOICE AND PARTICIPATION OF WOMEN, GIRLS, MEN AND BOYS. 45%

Afghanistan, CAR, Chad, Ethiopia, Iraq, Nigeria, oPt, Syria, South Sudan.

Reviewing 20 HNOs (or their equivalent) developed for crisis contexts covered by the IASC in 2018, 11 (55%) of them demonstrated use of SADD in at least half of the clusters included, 18 (90%) of them demonstrated a gender analysis on the specific impact of the crisis on women and girls (beyond protection and reproductive health) but only 9 (45%) of them had both.

The detail of analysis and use of SADD varies from one context to the next and with some clusters out performing others. Palestine, Mali and Yemen, for example, each have a separate section on the crisis impact for women and girls, that discusses issues pertaining to protection, food security, livelihoods, becoming household heads, and access to services amongst others.

In 8 HNOs, – Colombia, DRC, Haiti, Libya, Mali, Myanmar, Somalia and Yemen – the gender analysis reflected in the crisis impact section of the HNO is not followed through in more than 50% of the individual cluster descriptions. For instance, while the impact chapter of the Myanmar HNO was strong in integrating the needs and capacities of affected women and girls in an intersectional manner, the majority of the sector chapters did not show evidence of use of SADD.

What is also notable, is that the gender analysis that is included in the impact section of HNO is not always reflected in the corresponding HRP on a cluster by cluster basis. Examples of this include the Yemen's HNOs gender analysis describing the specific crisis impact on women and girls accessing adequate shelter, education and economic stability, but the HRP providing no specifics on these things. Other HRPs – such as Afghanistan, Ethiopia and Libya – also provide examples of this.

GENDER ANALYSIS IN HUMANITARIAN NEEDS OVERVIEWS

HNO	GEEWG IN IMPACT SECTION	USE OF SADD IN AT LEAST 50% OF SECTORS	OVERALL
Afghanistan	Y	Y	Y
Cameroon	N	Y	N
CAR	Y	Y	Y
Chad	Y	Y	Y
Colombia	Y	N	N
DRC	Y	N	N
Ethiopia	Y	Y	Y
Haiti	Y	Y	N
Iraq	Y	N	Y
Libya	Y	N	N
Mali	Y	N	N
Myanmar	Y	N	N
Niger	Y	N	N
Nigeria	Y	Y	Y
oPt	Y	Y	Y
Somalia	Y	N	N
South Sudan	Y	Y	Y
Sudan	Y	Y	Y
Ukraine	N	Y	N
Yemen	Y	N	N
	90%	**55%**	**45%**

USE OF SEX AND AGE DISAGGREGATED DATA IN CLUSTER CHAPTERS WITHIN HNOS

	% of SADD Sectors	CCCM	Education	ER& L'Hoods	Food Security	Health	Nutrition	Protection	NFI	WASH
Afghanistan	57%		Y		N	N	Y	Y	Y	N
Cameroon	63%		Y	Y	N	N	Y	Y	N	Y
CAR	56%	N	N	Y	N	Y	Y	Y	N	Y
Chad	100%				Y	Y	Y	Y		
Colombia	0%		N	N	N	N		N	N	N
DRC	25%		N	N	N	N	Y	Y	N	N
Ethiopia	75%		N	Y	Y	Y	Y	Y	Y	N
Haiti	29%		N		N	Y	N	Y	N	N
Iraq	63%	N	Y	Y	Y	Y		Y	N	N
Libya	33%		Y		N	N		Y	N	N
Mali	33%		N		N	N		Y	Y	N
Myanmar	43%		Y		N	N	N	Y	N	Y
Niger	43%		N		N	Y	Y	Y	N	N
Nigeria	89%	Y	Y	Y	N	Y	Y	Y	Y	Y
oPt	86%		Y		N	Y	Y	Y	Y	Y
Somalia	25%	N	N		N	Y	N	Y	N	N
South Sudan	100%	Y	Y		Y	Y	Y	Y		Y
Sudan	67%	Y	N	N	N	Y	Y	Y	Y	Y
Ukraine	43%		N		Y	N	N	Y	Y	N
Yemen	25%	N	Y		N	N	Y	N	N	N
		43%	47%	63%	20%	55%	75%	90%	39%	37%

For each of the sector/clusters, there were mixed results in terms of demonstrated use of sex and age disaggregated data on a country by country basis, as the table above demonstrates (blank spaces indicate where the cluster/sector was not included in the HNO). 90% of the time Protection demonstrated the use of SADD whilst covering GBV and MCH needs. 75% of the time Nutrition demonstrated use of SADD. But CCCM, Education, Food Security, Shelter/NFI and WASH each used SADD less than 50%.[5]

The collection, analysis and use of sex and age disaggregated data has been promoted in the development of humanitarian needs overview and in guidance for humanitarian planning. SADD helps to better identify specific impacts and needs of affected population groups by age and gender which helps to better design intervention. In some instances, SADD has been collected and referenced, however without analysis nor was it clear how such information was utilised to develop strategies and responses.

RECOMMENDATIONS

- Sectors should demonstrate the use of SADD by specifying the different needs, vulnerabilities and capacities through analysis. Mere breakdown of total affected population numbers into male and female does not suffice as the use of SADD. Furthermore, the data for women and children should not be grouped together.
- A separate and detailed joint-agency gender analysis should be developed for each country context which is then used to inform the planning process and guide individual implementing agencies on

5 Only programme clusters have been reviewed. Service clusters such as Logistics and Telecommunications are not included.

formulating their response plan so that it identifies and address the specific needs and rights of affected women, girls, men and boys.

• Care must be taken to ensure that the specific crisis impacts identified through gender analysis are followed through on a sector by sector basis, both in the prioritization developed in the shared strategic vision of the HNO and in the subsequent official plan.

3.2. HUMANITARIAN RESPONSE PLANS PROVIDE SUPPORT TO WOMEN'S ECONOMIC EMPOWERMENT THROUGH TARGETED LIVELIHOODS AND EMPLOYMENT INTERVENTIONS 60%

Afghanistan, Cameroon, CAR, Chad, Colombia, Ethiopia, Haiti, Iraq, Mali, Myanmar, Nigeria, oPt.

Economic empowerment for women and girls was specifically identified as an activity and/or outcome in 12 of the 20 analyzed HRPs (60%).

Whilst the benefit of providing women – and in particular, female heads of households – with a means of independent income was recognized as beneficial in all the plans that incorporated it, some took a wider view on the potential benefits. In Myanmar, a longer-term perspective was cited, that considered the benefits of training opportunities for sustainable

and transformative livelihoods. Iraq's HRP recognized the protection and violence/exploitation mitigation benefits of self-reliance for women, decreasing their need to rely on risky coping mechanisms.

Other country HRPs - CAR, Chad, Colombia and Mali – stated that women would be targeted and/or prioritized in livelihood activities, but no details were provided on how their specific needs would be addressed in their respective difficult circumstances.

RECOMMENDATIONS

• Details of how vulnerable women will be prioritized and/or targeted should be included in the HRPs. Economic empowerment and self-reliance for crisis affected women can be particularly difficult in humanitarian contexts, setting out an equity strategy outline in the HRP on how to support affected women would be an extremely valuable opportunity.

3.3. HUMANITARIAN RESPONSE PLANS MAKE SPECIFIC PROVISION FOR SEXUAL AND REPRODUCTIVE HEALTH FOR WOMEN AND GIRLS, AS WELL AS FOR MEN AND BOYS 70%

Cameroon, CAR, Chad, Colombia, Ethiopia, Haiti, Mali, Myanmar, Niger, Nigeria, oPt, Sudan, Ukraine, Yemen.

Sexual and reproductive health care was cited in 14 of the 20 (70%) of the HRPs. Of these, Cameroon, CAR, Chad, Myanmar, Niger, oPt, Sudan and Yemen specifically cite the provision of the Minimum Initial Service Package (MISP)/Dispositif Minimum d'Urgence (DMU) – the Interagency Working Group on Reproductive Health's set of crucial service actions required to respond to reproductive health needs at the onset of every humanitarian crisis. In addition,

Cameroon, Ethiopia, Haiti and Yemen also made the important distinction of providing sexual and reproductive health targeted for adolescent youth with their specific needs.

Other response plans – specifically Iraq, Libya, South Sudan – limit their inclusion of reproductive health to provision of MCH services to pregnant and lactating women.

- All HRPs should set out the strategy for providing sexual and reproductive health services to all members of the affected population who need them. In particular, specific reference should be made to the specific needs of adolescent youth, female and male.

3.4. HUMANITARIAN RESPONSE PLANS ADDRESS MITIGATION OF AND RESPONSE TO GBV 65%

Afghanistan, Cameroon, CAR, Chad, Colombia, Ethiopia, Iraq, Mali, Myanmar, Nigeria, oPt, Sudan, Ukraine.

13 of the 20 (65%) analyzed humanitarian response plans contained strategies to address both response to and mitigation of gender-based violence. In Afghanistan, CAR, Chad, Ethiopia, Nigeria, Sudan, the HCT (or equivalent) cite their specific commitment to addressing GBV prevention and place their GBV strategies in the context of the *Centrality of Protection*, echoing the IASC's 2013 commitments to the principles of 'rights up front'.

Working with communities and community groups to implement programmes of prevention advocacy, case identification and psycho-social support was central to a number of the defined GBV strategies, including

Cameroon, Iraq and Mali. Myanmar, in particular set out its engagement with men and male youth on gender issues and specifically against violence against women and girls.

Iraq, Myanmar and Nigeria also link their strategies and activities to the commitments set out in the GBV Call to Action.

All of the other HRPs – Haiti, Libya, Niger, South Sudan, DRC, Somalia and Yemen do include strategies for GBV, but only cite the provision of services for survivors and not GBV mitigation.

RECOMMENDATIONS
- It is essential that all humanitarian plans outline not only services for survivors, but also strategies for prevention and mitigation of all forms of GBV.

3.5. HUMANITARIAN RESPONSE PLANS EXPRESS STRATEGIES/PLANS FOR THE IMPLEMENTATION OF PSEA 70%

Cameroon, CAR, Chad, DRC, Ethiopia, Iraq, Libya, Mali, Myanmar, oPt, Somalia, South Sudan, Sudan, Ukraine.

Inclusion of actions and strategies for the prevention of sexual exploitation and abuse was evident in 14 of 20 (70%) of the analyzed response plans, in accordance with the IASC Gender Policy and with the Secretary-General's Bulletin on "special measures for protection from sexual exploitation and sexual abuse" (ST/SGB/2003/13).

A number of HRPs refer to the HCT's commitment and to the established, and extensive country wide PSEA networks- such as CAR, Chad, Ethiopia, Iraq, Myanmar, Somalia, Sudan and South Sudan.

However, what it missing in all of the HRPs is insight into how the specific SEA protection needs of

women, girls, men and boys are to be addressed and consideration of how women and girls, in particular, can safely access complaints mechanisms.

Other countries – including Colombia, Jordan and Yemen – do have established PSEA networks, they were not mentioned in the HRPs.

RECOMMENDATIONS

- In keeping with the Gender Policy and the 2017 Terms of Reference for Humanitarian Country Teams that placed PSEA as a mandatory responsibility of HCTs requiring a collective mechanism and approach, it is crucial that the PSEA mechanisms in country are outlined.

- Resources should be allocated for the coordination of PSEA prevention and response.

- Details should also be provided on specific contextual SEA protection needs of women, girls, men and boys are to be addressed or how they have been considered.

3.6. HUMANITARIAN RESPONSE PLANS EXPRESS STRATEGIES/PLANS FOR THE IMPLEMENTATION OF ACCOUNTABILITY TO AFFECTED POPULATIONS. 95%

Almost all of the analyzed HRPs (95%) included details of how Accountability to Affected Populations is a strategic objective of the response. The majority acknowledge the importance of a participatory approach to the planning and implementation of humanitarian response efforts but do not, at the overarching level, specifically state how specific provisions will be made to make sure that women and girls' inclusion is facilitated and incorporated.

However, in a number of HRPs, specific clusters do make reference to efforts to facilitate the specific inclusion of women and girls and/or to ensure their access to complaints and feedback mechanisms. These are CAR (Nutrition, Health, Food Security), Haiti (Food Security), Libya (Education, Protection, Shelter and NFI) and Nigeria (Protection and Child Protection).

RECOMMENDATIONS

- Inclusion of AAP as a strategic objective should also detail the specific provisions on how women and girls will be included in humanitarian planning decision making processes and how any potential challenges to access feedback mechanisms will be addressed.

Extent to which HRPs meet standards set out in the Gender Policy

HRP	WEE	SRHR	GBV Response + Mitigation	PSEA	AAP
Afghanistan	Y	Y	N	N	Y
Cameroon	Y	Y	Y	Y	Y
CAR	Y	Y	Y	Y	Y
Chad	Y	Y	Y	Y	Y
Colombia	Y	Y	Y	N	N
DRC	N	N	N	Y	Y
Ethiopia	Y	Y	Y	Y	Y
Haiti	Y	Y	N	N	Y
Iraq	Y	N	Y	Y	Y
Libya	N	N	N	Y	Y
Mali	Y	Y	Y	Y	Y
Myanmar	Y	Y	Y	Y	Y
Niger	N	Y	N	N	Y
Nigeria	Y	Y	Y	N	Y
oPt	Y	Y	Y	Y	Y
Somalia	N	N	N	Y	Y
South Sudan	N	N	N	Y	Y
Sudan	N	Y	Y	Y	Y
Ukraine	N	Y	Y	Y	Y
Yemen	N	Y	N	N	Y
	60%	70%	65%	70%	95%

3.7. HUMANITARIAN PLANNING PROCESSES HAVE DIRECT CONSULTATIONS WITH LOCAL WOMEN'S ORGANIZATIONS AND THEIR INPUTS ARE INTEGRATED 56%

Afghanistan, Cameroon, CAR, Haiti, Iraq, Lebanon, Mali, Myanmar, Nigeria, oPt, Somalia, Sudan, Pakistan, Yemen.

14 of the 25[6] (56%) country level humanitarian contexts covered by the IASC in 2018 had direct consultations with local women's organizations during the humanitarian planning process. Often this was done through the cluster system, such as the Interagency Cluster Coordination Group in Iraq, or through formal civil society consultation processes such as in CAR and the OCHA led field consultations in Somalia.

It is noteworthy that 95% of the HRPs stated their commitment to AAP feedback mechanisms and participatory planning, but only 56% of planning processes consulted with local women's organisations.

In Nigeria and Palestine local women's organizations participated in sectors and sub-sectors on a regular basis, and beyond a single consultation during the assessment phase. In Palestine, women's organizations participated in cluster meetings which provided them with opportunities to highlight gender priorities to cluster leads. This is reflected in the gender-specific considerations contained within five of the six clusters in the HNO.

Similarly, in Nigeria, local women's organizations were consulted during assessments that informed the development of the HNO and were active participants in specific sectors and sub-sectors whilst developing content in the HNO and HRP. Again this is reflected in the Nigeria HNO, which is among the strongest with regards integrating gender equality and the empowerment of women and girls in its impact analysis and response outline.

RECOMMENDATIONS
- Consultation with local women's organizations in the planning and decision-making processes for humanitarian programming should be facilitated as an effective strategy for identifying the specific needs of women and girls, leading to more nuanced and inclusive response plans.

3.8. 50% HCT MEMBERS ARE FEMALE 16%

Gender parity was achieved in 3 of the 19 Humanitarian Country Teams (16%) which kept records of attendees in 2018: Philippines, Ethiopia, and Chad. In sixteen of the remaining country teams, there was a higher proportion of male representatives on the HCT.

RECOMMENDATIONS
- Human resources for the implementation of GEEWG commitments should be strengthened in order to ensure the active and equal participation of women and men in all teams with particular attention to the HCT.

6 Direct information was received from 24 country contexts – Afghanistan, Cameroon, CAR, Chad, Colombia, Cote d'Ivoire, DRC, Ethiopia, Haiti, Iraq, Jordan, Lebanon, Libya, Mali, Myanmar, Nigeria, Pakistan, Palestine, Philippines Somalia, Sudan, South Sudan, Syria, Ukraine, Yemen

3.9. COUNTRIES WITH HCS HAVE A FUNCTIONING GENDER REFERENCE/WORKING GROUP (OR EQUIVALENT), WHICH MEETS ON A REGULAR BASIS 44%

Cameroon, CAR, Ethiopia, Jordan, Lebanon, Nigeria, oPt, Philippines, Somalia, South Sudan, and Yemen.

Of the 25 country contexts from which information was received, 11 countries (44%) reported the presence of a functioning Gender Working Group. Of these, 6 (Cameroon, CAR, Lebanon, Nigeria, oPt and Somalia) were reported to work directly with the HCT in country.

Of the countries with functioning gender working groups, CAR, Ethiopia, Nigeria, oPt and South Sudan (45%) had HNOs that demonstrated development of a gender analysis and a minimum of 50% of the clusters using SADD. Of this group, the average is 81% of clusters utilizing SADD.

Among the 14 country contexts which did not have a function gender working group contributing to the humanitarian planning process, only four countries (Afghanistan, Chad, Iraq and Syria – 28% of the group), produced Humanitarian Needs Overviews which met the criteria of gender analysis and use of SADD.

Afghanistan, Sudan, Myanmar and DRC reported previous humanitarian gender groups having existed but currently lie dormant. Myanmar and Sudan report plans to reactivate the groups in 2019.

RECOMMENDATIONS

- Gender Working Groups which include humanitarian actors from UN, INGOs, as well as local organizations specifically local women's organizations should be established in each humanitarian country context.

- These groups should be regularly consulted and utilized as a resource in planning processes. Ideally, there should be a mechanism/structure set in place which allows for the GWG to consistently contribute to the HPC.

3.10. [STANDARD] IASC MANAGED COUNTRY CONTEXTS HAVE APPOINTED GENDER FOCAL POINTS FOR PROGRAMME SUPPORT

HCTS HAVE AN ALLOCATED GENDER ADVISOR OR SENIOR GENDER FOCAL POINT TO SUPPORT AND ENHANCE THE CAPACITY OF THE HCTS.**

In 2018, GenCaps – senior gender in humanitarian action advisors, with a specific remit to advise HCs and HCTs - were deployed in 10 of the 27 IASC humanitarian contexts with an appointed HC for varying lengths of time, namely Afghanistan, CAR, Colombia, Chad, DRC, Haiti, Nigeria, Ukraine, Myanmar and Whole of Syria. These temporary deployments ranged from one month to the full year, with only four of them lasting 6 months or longer. Other country contexts hoped to secure GenCap deployments, but were unsuccessful, including Somalia (none available) and Pakistan (access visa denied).

In addition, OCHA had Gender Focal Points (GFPs) appointed in 26 of the 27 countries. These GFPs are OCHA staff, with a specific TOR to support gender mainstreaming in OCHA, and by extension support to the humanitarian system. Their levels of seniority and defined responsibilities are mixed, with some providing more support to HCs and HCTs than others, but these roles are not specifically intended as resources for HCs and HCTs.

Wherever there was overlap with GenCap, the OCHA GFP works in collaboration with them.

Whilst GenCap is an invaluable resource to the humanitarian system, it needs to be recognized that their deployments are for a limited time and thus sustainability remains a challenge. Partnerships and capacity strengthening of gender expertise in country to engage in humanitarian action must be an essential sustainability strategy.

In other locations the HC and HCTs relied on capacity support that was available from other agencies, including UN Women, who sits on the HCT in, Cameroon, CAR, Colombia, DRC, Ethiopia, Haiti, Jordan, Mali, Myanmar, Niger, Nigeria, Palestine, Somalia and Sudan. In the case of Somalia, the UNISOM Gender Advisor also provided support, as did a Senior Human Rights Advisor in Jordan.

RECOMMENDATIONS

- HCTs should have longer term dedicated gender expertise, to ensure sustainability.

3.11. HCT TORS ADEQUATELY REFLECT THE STANDARDS AND COMMITMENTS OF THE IASC GENDER POLICY**

The IASC issued a standard TOR for HCTs in 2017 which calls for a humanitarian strategic plan that integrates cross-cutting issues, including gender, but this was published before the Gender Policy was endorsed.

From the country-based feedback received, none of the existing HCT ToRs refer to the HCT roles and responsibilities outlined in the Gender Policy, but only gender as a cross-cutting/mainstreaming issue.

RECOMMENDATIONS

- All contextualized local HCT TORs should reflect the roles and responsibilities set out in the IASC Gender Policy. A guidance note should be developed to assist in this process.

3.12. HCTS HAVE PREPARED AND IMPLEMENTED PLAN ON GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS, INCLUDING STRATEGIES FOR ENGAGEMENT WITH LOCAL WOMEN'S ORGANIZATIONS**

Nigeria, oPt, Somalia and Myanmar.

Whilst the development of a plan on gender equality and the empowerment of women and girls in a humanitarian response is a new prescribed responsibility for HCTs in the 2017 Gender Policy, a number of country contexts had already started this initiative, or reported that they intend to do so.

In Nigeria, the GenCap, with technical support from UN Women developed the *HCT Gender Equality in Humanitarian Action Mainstreaming Strategy* which endorsed by the HCT. It includes a focus

on inter-agency gender coordination architecture through the Gender Technical Team which had been established and includes local women's organizations.

In Somalia, the HCT developed a Centrality of Protection Strategy, Gender-based violence Strategy and Prevention of Sexual Exploitation Initiative which included engagement with local women's organizations.

In oPt – UN Women and OCHA partnered on the development of a new joint action plan on

Strengthening Gender Focus in Humanitarian Action 2018-2020. The plan was endorsed July 2018, building on the achievements of the first joint action plan (2016-2017). Goals include strengthening the:

- Humanitarian architecture and accountability on gender equality in the oPt HCT,

- Humanitarian planning, frameworks and programming are gender inclusive and responsive

- Increased participation of women and women's organizations in humanitarian planning process.

In Myanmar, a gender action plan for the HCT and Inter Cluster Coordination Group is being developed in 2019 led by UN Women as the gender mainstreaming led, in close coordination with UNFPA as GBV lead, along with also a HCT Protection Strategy led by UNHCR as protection lead.

RECOMMENDATIONS

- HCTs should develop a standalone plan on how to integrate gender equality and the empowerment of women and girls into the humanitarian planning and implementation process (including engagement with local women's organizations) in order to benefit the planning and implementation of recurring humanitarian programme cycles, as experienced in the majority protracted crises under review.

- Any plan on GEEWG in humanitarian action must look beyond just protection and GBV response.

- The HCT protection strategy must also contains gender component with gender indicators and outcomes.

3.13. JOINT GENDER ANALYSIS PRODUCED INPUT TO THE HNO AND HCT PLAN ON GEEWG 20%

Myanmar, Nigeria, oPt, Jordan, and Yemen.

This indicator specifically reviews whether standalone gender analysis was carried out in crisis-affected countries. While the review of the HNOs assessed whether each HNO met the minimum criteria of reference to the specific impacts of a given crisis on women, men, girls, and boys (other than just protection and reproductive health), this indicator reviews humanitarian planning processes against a higher standard.

5 of the 25 (20%) reporting countries indicated that a distinct gender-analysis exercise was conducted and used to inform the HCT in the development of the HCT on the differing impact of the ongoing crisis on women, girls, men and boys in 2018.

For instance, in Myanmar, a Gender in Humanitarian Action Profile was developed, integrated into the humanitarian planning process, and endorsed by the Inter Cluster Coordination Group. The Myanmar GiHA Profile serves as a good example of a strong participatory approach based on desk review, state level consultations with humanitarians, and gender focal points from the UN, INGOs, NGOs and CSOs. Despite this, while the impact section of the Myanmar HNO displayed strong integration of gender and age considerations, the majority of sector chapters did not reflect adequate use of SADD suggesting that GiHA Profile was not utilized fully.

In Palestine, a Gender Alert which comprised of an analysis of gender-based vulnerabilities and gender-specific needs and priorities per cluster was developed and informed the 2019 HNO and HRP. While the Gender Alert fed into the coordinated humanitarian response, it was developed by UN Women, and not jointly. In Nigeria, respondents note that several Rapid Gender Analyses were conducted by individual organizations.

Respondents also pointed to vital lessons learned enabling them to strengthen their approach for the upcoming year. As an example, in Yemen, the 2018 gender analysis was conducted through the joint Multi-Cluster Locations Assessment (MCLA) humanitarian needs assessment implemented to

inform cluster analysis for the 2019 HNO. However, the key informant data collection methodology used limited female participation in the assessment. As a result, only 5% of key informants interviewed were women which severely limited an understanding of women and girls' specific needs. As a course correction, the 2019 MCLA will include concerted efforts to increase female participation.

A few additional countries (Haiti, Cameroon, and Colombia) report carrying out analysis focused on gender-based violence and protection related vulnerabilities.

RECOMMENDATIONS

- The Inter Agency Gender Working Group should develop – and keep updated – an open and available contextual gender analysis to provide humanitarian actors with relevant and timely information on the needs, vulnerabilities as well as capacities and opportunities for the crisis affected and/or at-risk population. This can be adapted to assist and guide the development of response plans so that they address the needs and rights of the crisis affected women, girls, men and boys.

- Local women's organizations should be consulted in the development of the gender analysis.

3.14. ONE PIECE OF ANALYTICAL WORK BIANNUALLY COVERING THE CAPACITIES OF WOMEN AND GIRLS TO PREVENT AND RESPOND TO CRISES, TO COUNTERACT THE FREQUENT FOCUS ON THEIR VULNERABILITIES 20%

Myanmar, Nigeria, Ethiopia, Jordan, and Yemen.

Recognizing the capacities and leadership of affected women and girls in humanitarian action is critical in ensuring that humanitarian response reinforces rather than replaces their efforts. Furthermore, given the increasingly protracted nature of crises and the need to consider a humanitarian-development-peace nexus driven approach, understanding and supporting the capacities, resilience, participation and leadership of affected or at-risk women and girls is necessary for an effective, efficient, and sustainable humanitarian response.

Five country contexts of the 25 respondents (20%) reported having completed analytical work, covering the capacities of women and girls to prevent and respond to crises. The extent to which this aspect is explored varies across the five countries. In Myanmar, among the strongest examples, respondents referred to three reports which look at women's capacities and agency in humanitarian crisis settings as well as their vulnerabilities –including women's representation and decision-making, socio-economic empowerment among others. These include:

- ICCG endorsed Gender in Humanitarian Action Profile for Myanmar (January 2019)

- INGO Rakhine Initiative Gender and Age Analysis

- UNCT Confidential Report to the Committee on the Elimination of Discrimination against Women on the situation of Rohingya women and girls from northern Rakhine State (28 May 2018).

A few additional countries, including Haiti, Palestine, and Chad indicate that they intend to address this dimension in 2019.

RECOMMENDATIONS

- Inter-agency gender working groups should undertake studies to get a clearer, contextualized understanding of the capacities of women and girls to prevent and respond to crises, to counteract the frequent exclusive focus on their vulnerabilities.

The 2018 *IASC Gender Accountability Framework Report* marks the first monitoring cycle of the *IASC's Gender Equality and the Empowerment of Women and Girls in Humanitarian Action Policy* endorsed in 2017. It provides a snapshot and baseline of where the structures and representation of the IASC were at during the calendar year of 2018 with regards to fulfilling the commitments, standards and roles and responsibilities set out in the Policy. Over time, the Report produced annually is intended to show progress in the implementation of the Policy and to provide guidance and recommendations for improvement.

IASC Inter-Agency Standing Committee
Reference Group for Gender in Humanitarian Action

UN WOMEN