GENDER INTEGRATION IN HUMANITARIAN ACTION

ASSESSING CAPACITIES AND OPPORTUNITIES FOR STRENGTHENING GENDER IN HUMANITARIAN COUNTRY TEAMS AND CLUSTER LEADS REPORT

UN WOMEN

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LIST OF ACRONYMS

CBO	Community Based Organization
ESAR	East and Southern Africa Region
GBV	Gender Based Violence
GEEWG	Gender Equality and Empowerment of Women and Girls
GenCaps	Gender Capacity Standby Project
GiHA	Gender in Humanitarian Action
HA	Humanitarian Action
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IASC	Inter Agency Standing Committee
INGO	International Non Governmental Organization
IO	International Organization
KI	Key Informant
OECD	Organization for Economic Cooperation and Development
RC	Resident Coordinator
SFDRR	Sendai Framework for Disaster Risk Reduction
UN	United Nations
WFP	World Food Programme
WHO	World Health Organization
WHS	World Humanitarian Summit
WLO	Women Lead Organization

EXECUTIVE SUMMARY

Humanitarian crises caused by natural and manmade events are increasing worldwide. In Africa, the confluence of extreme climatic events, conflict and economic shocks, high levels of poverty, over-dependence on natural resources, and the impact of COVID-19 containment measures has left millions of people in need of humanitarian assistance. Over 80 million people in the East and Southern Africa Region (ESAR) need food assistance due to a combination of drought, locust invasion, and displacement from conflict and extreme climatic events. The current humanitarian needs are exacerbated by the impact of COVID-19 containment measures that disrupted economies and severely disrupted the livelihoods of the poor. Like with most crises, those impacted are primarily women because of their peculiar vulnerabilities and unequal access to resources and opportunities. Appropriate strategies are required to ensure that the voice of those most affected by crises – the poor, women, children, the elderly and the disabled – is heard and their specific needs addressed in humanitarian responses, recovery and resilience building plans.

Humanitarian response is coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) under the leadership of the Humanitarian Coordinator (HC) or Resident Coordinator (RC) where OCHA has no presence. Planning and actual response is done through Humanitarian Country Teams (HCT), which comprise UN Agencies, Red Cross and Red Crescent Movements, NGOs and Civil Society Organizations (CSOs) and governments. Guided by internal humanitarian and human rights law, HCTs' mandate is to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, livelihoods and dignity of people in need. HCTs are responsible for the general coordination of humanitarian action ensuring that the needs are well met according to international standards and good practice. From the HCT, the humanitarian architecture is further organized along clusters, which are global, often sector based and led by humanitarian organizations. Clusters promote a common strategy and good practices, avoid duplication, address gaps and share information. They are also charged with building national (and local) capacity to prepare for emergencies, and advocate for more effective and accountable humanitarian action. In addition to coordinating sectoral planning and response, they often set global and local standards in their respective sectors. HCTs and clusters, therefore, are the core coordination structures in the humanitarian architecture, ensuring that responses are timely and relevant and meet the diverse needs of men, women, girls and boys affected by crises.

Humanitarian responses are more effective in the short and long term if the needs of the marginalized groups, including those of women and girls are properly assessed, analyzed and responded to. In order to ensure this happens, there is need to strengthen the capacity of the core coordination structures. To this end, UN Women East and Southern Africa Regional Office (ESAR) conducted an assessment to improve its understanding of the strengths and gaps in the knowledge, skills and practice among humanitarian actors in the ESAR and the opportunities that exist to strengthen capacity for gender integration among HCTs and Clusters. The assessment focused on HCTs and Cluster Working Groups (CWGs) in recognition of the central role they play in planning and coordinating humanitarian responses.

An online survey was conducted between May and June 2022 covering 12 countries in ESAR. 50 HCT and cluster working group members participated in the survey, and four Key Informants (KIs) from four countries and three sectors interviewed. The survey questionnaire was formulated around the Humanitarian Programming Cycle (HPC). In addition, four randomly selected Humanitarian Response Plans (HRP) and Humanitarian Needs Overviews (HNOs) from Ethiopia, Somalia, South Sudan and Zimbabwe were analyzed for their compliance with the Inter Agency Standing Committee (IASC) gender policy (2017) monitoring framework.

KEY SURVEY FINDINGS

- Survey findings showed that the overall knowledge of Gender integration in Humanitarian Action (GiHA) was average, with just over half of the HCTs and Clusters reporting a working knowledge and only one third (33 percent HCTs and 25 percent clusters) reporting comprehensive knowledge. This means that they fully understood how to integrate gender at all stages of the HPC and were comfortable to provide leadership in it.

- A high percentage of cluster members (71 percent) reported that gender was included in Humanitarian Needs Assessments/Overview (HNO) compared to 43 percent of HCT members. A review of HRPs and HNOs confirmed that the strategic documents included Sex, Age, Disability Disaggregated Data (SADDD) and had detailed analyses of the differentiated impacts. However, it was unclear how the SADDD was used to inform the objectives and the sectoral interventions. Only one out of the four strategic plans reviewed had gender-responsive impact statements and had gender represented in the rest of the results chain (outcomes, outputs and indicators). To confirm this, only 25 percent of the HCTs and 46 percent of the cluster members thought that response plans' results chains were gender responsive.

- Moreover, women were not adequately involved in the implementation, monitoring and evaluation as reflected in the low participation of women-led organizations. For example, only a quarter of the HCTs and 64 percent of clusters reported that field-level implementation committees and other structures were gender-inclusive. Furthermore, only 17 percent and 46 percent HCTs and clusters respectively reported that monitoring was done in collaboration with women and WLOs. Additionally, only 25 percent of cluster members and none of the HCTs reported that WLOs participate in their cluster coordination meetings. This shows that WLOs are not adequately involved in the humanitarian planning and response as is recommended in the IASC gender policy 2017/18. The participation of WLOs in all aspects of humanitarian action planning and response is an important aspect of gender integration. It also fulfils the localization agenda, which aims to improve the effectiveness of humanitarian aid by shifting resources, power and ownership of humanitarian response outcomes to local people. Thus, it puts the latter at the center of the aid system.

- The survey also found that gender was mostly considered as a Gender Based Violence (GBV) or protection issue and housed under these clusters. This view excludes women's and girls' wider needs and potential to contribute to developing and implementing more effective humanitarian responses.

MAIN RECOMMENDATIONS

- Capacity building for all types of humanitarian actors at all levels in gender integration in humanitarian action.
- Advocacy at all levels on the importance of gender integration through the participation of Gender experts and UN Women in key decision-making structures, including in the HCT; and sensitizing HCTs and cluster members on the crucial role of gender experts in promoting gender integration in humanitarian interventions.

- Increase the participation of local organizations, especially women led ones in the humanitarian coordination and decision-making structures.
- Increase technical support to HCTs by ensuring availability of specialist staff and consultants that can be deployed to support HCTs in their preparation, coordination and response to emergencies.

1. INTRODUCTION

1.1 The Humanitarian Context

Conflict, climate extremes, economic shocks and the impact of the Russia-Ukraine war on food and energy costs are pushing millions of Africans into humanitarian crises. In **Eastern Africa**, 50 million people are in need of food, up from 42 million in 2021. Three Countries – Ethiopia, Kenya and Somalia – will account for nearly half (20 million) of that number by September 2022. As a consequence of food insecurity, an estimated 7.1 million children across the three countries are acutely malnourished. In addition to prolonged severe drought and impacts of previous consecutive failed seasons, these countries also rely on Russia and Ukraine for nearly 90 percent of their wheat imports, which has exacerbated the food situation. The situation is further compounded by the impact of desert locusts and COVID-19 containment measures that had a stagnating impact on economies and affected women and children more seriously. The East Africa region is home to 70 percent of the world's most extremely food-insecure people. In **Southern Africa,** 36 million people in ten countries face acute food insecurity. High staple food prices, poor rains in parts of Zimbabwe, Malawi and Mozambique, and conflict in northern Mozambique have severely reduced food access for millions of poor people. Southern African countries were also severely impacted by tropical weather systems that brought heavy rainfall, flooding, displacement and landslides throughout the region, affecting 681,000 people in Mozambique, Zimbabwe and Malawi. Some of these countries were still recovering from the 2019 cyclone IDAI impacts.

Besides the food crises, violence and conflict has forced millions of people to flee their homes. The number of refugees, internally displaced persons and asylum seekers from Ethiopia, Somalia, South Sudan and Mozambique increase and compound the already precarious food security situation. East Africa and the Great Lakes region alone hosted 4.9 million refugees and asylum seekers (out of the estimated 7 million in Sub Saharan Africa (SSA), and 12 million Internally Displaced Persons (IDPs) in 2021. Ethiopia alone has 823,000 refugees mostly from South Sudan, Somalia and Eritrea; 4.2 million IDPs and 1.5 million IDP returnees mainly from the conflict in the northern region and other localized conflicts throughout the country. Almost half (47 percent) of the refugees and IDPs are women and girls and 59 percent children. Uganda and Sudan host the largest number of refugees (1.5 million and 1.1 million respectively), while Kenya hosts half a million refugees mainly from South Sudan, Somalia, Ethiopia and Eritrea. The conflict in northern Mozambique displaced 735,000 people within Cabo Delgado and neighboring provinces by 2021. More than half (52 percent) of these are children and 27 percent women. Forcefully displaced persons – refugees, asylum seekers and IDPs – have special vulnerabilities owing to their status. Also, they are likely to suffer more adversely from shocks and stresses besides their forced migration. In addition, because they are hosted mostly in low-income communities, they put immense pressure on the scare resources in those communities. Thus, they increase the need for humanitarian assistance.

Humanitarian crises impact women and children more disproportionately. Crises disrupt access to essential and lifesaving services, increase women's burden of care, increase nutritional deficiency for women and children and increase the risk of gender-based violence, including early marriage. Disasters do more than that. However, they reflect and often reinforce gender inequality, since the conditions that drive disaster impacts are influenced by societies' gender dynamics. Worsening gender inequality can in turn

weaken resilience to future disasters, which is why humanitarian assistance must endeavor to understand the differentiated disaster impacts in order to respond appropriately. For instance, studies have shown that women and children are more likely to die from climate related hazards and suffer from mental and sexual and reproductive health challenges.[12] These facts underscore the importance of integrating gender in all humanitarian responses and involving women and women led organizations in the planning and response. Women's empowerment and advancing gender equality can deliver wide ranging results across sectors at household and national levels. As stated by the UN OCHA Director General during the 2016 World Humanitarian Summit (WHS):

> **'if you get it right for women and girls, you get it right for humanitarian action'**

1.2 Gender Integration in Humanitarian Action

The IASC Policy on Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Action states that the goals of gender equality and the empowerment of women and girls must be central to all coordinated preparedness and response programmes as well as to the organizational practices of all IASC Bodies, Members and Standing Invitees. This requires all humanitarian actors to adhere to the standards set for programming: in analysis, design and implementation, and in the participation and leadership of women and girls at all stages of the humanitarian action. The policy further states in its principles that:

- Gender equality and the empowerment of women and girls is a critical component of achieving effective and life-saving humanitarian action and is a responsibility to be owned by all actors. It is not optional or additional.

- The promotion of gender equality and the empowerment of women and girls in humanitarian action is tantamount to the realization of human rights.
- The knowledge, capacities and agency of women and girls, alongside those of men and boys, be recognized and strengthened in all humanitarian action, with equitable participation in planning and programming.

To realize these principles, the policy defines roles for humanitarian actors at both global and national levels. At the national level, HCT and clusters are the main mechanisms through with humanitarian responses are coordinated. They are instrumental in helping humanitarian actors integrate GEEWG at all stages of planning and response. Their roles are defined in the IASC gender policy as follows:

Humanitarian Country Teams

- Integrate GEEWG considerations in HNOs, HRPs and appeals, with appropriate budgets.
- Include strategic gender issues in HCT advocacy and communication materials as well as in the agenda of their meetings and other humanitarian coordination fora.

- Engage with national and local WLOs for better coordination, mutual learning, and impact on GEEWG in humanitarian action, and where possible, designate a seat on the HCT for a representative of such organizations.

Cluster leaders

- Fully integrate gender equality consider-ations in all cluster strategies, work plans, needs assessments, planning, implemen-tation, and monitoring and evaluation, on the basis of the collection and analysis of SADD.
- Ensure access to sufficient gender expertise by designating a gender advisor or senior Gender Focal Point, and by collaborating with WLOs on sectoral issues.
- Strengthen capacities and accountability of cluster actors to deliver on GEEWG.
- Make gender a standing item at cluster meetings.

In recognition of the central role played by HCTs and Cluster Leads, UN Women commis-sioned an assessment to help understand their capacity needs and thereafter, develop appro-priate capacity building plans to strengthen their ability to integrate gender in human-itarian action. The assessment findings will inform UN Women's strategic focus on coordi-nating GEEWG in humanitarian action over the next four years. UN Women's engagement in humanitarian action and disaster risk reduction focuses on strengthening coordination of gender, capacity development of stakeholders and gender mainstreaming support across the humanitarian-development nexus.

The importance of integrating gender in humanitarian and disaster risk reduction work is underpinned by key global commitments, including the United Nations Security Council Resolution 1325, the Sendai Framework for DRR (SFDRR) as well as commitment from 2016 World Humanitarian Summit (WHS). The WHS particularly made commitments to increase direct funding to local humanitarian actors, build more equitable partnerships, ensure coordination mechanisms are more acces-sible to local actors and build their capacity as part of the localization agenda. UN Women seeks to support inclusive and gender-re-sponsive humanitarian responses by working with governments, INGOs, other UN agencies as well as Community Based Organizations (CBOs) particularly women led ones.

2. METHODOLOGY

To assess capacity development needs, an online survey was administered to HCT and cluster members in 12 ESAR countries[1] over a period of two months (May-June 2022). Twelve responses were received from HCTs and 28 from cluster groups. In addition, key informants from Mozambique, Malawi, Zimbabwe and Kenya were interviewed to gain in depth understanding of the capacity gaps expressed in the surveys. Survey data was collected and analyzed using Microsoft forms, while KI discussions were summarized in a simple word document. Survey and KI questions were designed to gauge how gender was integrated at all stages of the HPC. Thus, questions centered around gender integration in needs assessment and analysis, strategic planning, resource mobilization, implementation, monitoring and evaluation and general coordination. In addition to seeking to understand gender integration around the HPC, questions were designed to gauge the level of involvement and participation of local WLOs. UN Women pays specific attention to local WLOs as part of the localization agenda and efforts to strengthen their organizational capacity to participate more meaningfully in humanitarian planning and response. To complement the two sources, four randomly selected HNOs and HRPs – from Somalia, South Sudan, Ethiopia and Zimbabwe – were reviewed for their gender inclusion based on the IASC accountability framework monitoring log frame and findings summarized.

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1. Ethiopia, Kenya, Malawi, Mozambique, Tanzania, Rwanda, Somalia, South Sudan, Sudan, South Africa, Uganda and Zimbabwe.

3. FINDINGS AND DISCUSSION

Findings are summarized based on the survey questions and include discussions with key informants and where relevant insights from the HRP/HNOs review.

## Q1. Understanding of Gender Integration in Humanitarian Action (GiHA) at all stages of the HPC

Humanitarian action involves various actors, including CBOs, NGOs, local and national government authorities, the UN and the Red Cross and Red Crescent Movement. Coordinating the activities of these different actors is crucial to delivering timely and equitable humanitarian response to crises affected populations. Large scale crises are coordinated through HCTs under the leadership of Humanitarian Coordinators (HCs) or Resident Coordinators (RC). The IASC further designed the Humanitarian Programming Cycle (HPC) – a coordination mechanism for use in humanitarian settings. The HPC consists of four stages – from planning to implementation and evaluation – that humanitarian actors must follow to ensure comprehensive and equitable responses. Many of the HPC elements are similar to other programmes cycle models. They include needs assessment and analysis, strategic planning, resource mobilization, Implementation and monitoring and Operational Peer Review and Evaluation. The IASC has provided comprehensive guidelines on integrating gender at each stage. To ensure that gender is adequately considered at each stage, knowledge of guidelines, standards and good practice is essential, particularly for the HCTs and cluster leads. The assessment sought to establish HCT and clusters knowledge of gender integration at each stage of the HPC. Below were the findings:

Over half (58 percent and 67 percent of HCTs and clusters respectively) of the respondents reported having a functional or working knowledge of GiHA in all aspects of the HPC. The 33 percent of the HCT members and a quarter of cluster members respectively fully understood how to integrate gender at all the HPC stages. A small percentage (8 percent HCT and 3 percent clusters) said they did not have adequate knowledge or did not understand how to integrate gender in the various HPC stages. This finding is consistent with the key informant interview discussions, in which the majority reported having a working knowledge of GiHA and only a few fully understood how to integrate gender at every stage of the HPC. Given the centrality of gender equality and women's empowerment in achieving better humanitarian outcomes, it is important that the proportion of humanitarian actors having comprehensive understanding of GiHA be increased to ensure adequate integration in the sectors and overall plans. HCTs and Cluster leads are charged with the responsibility of ensuring that gender was fully integrated at all stages of the HPC. Thus, it is important that they have the full capacity to lead in this front.

Figure 1

Knowledge of GiHA at all stages of the HPC
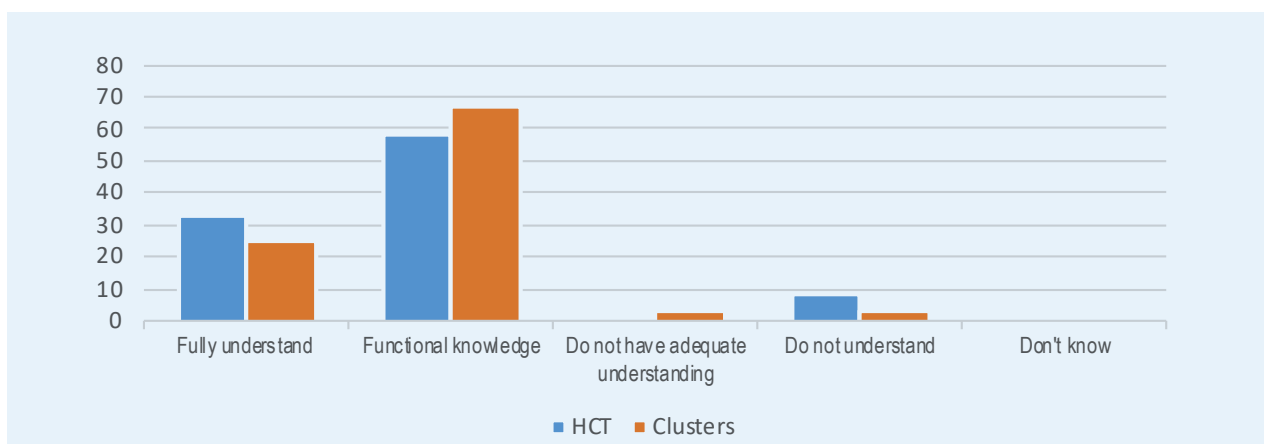
Q2. Gender in Needs Assessments and Analysis

Needs Assessment and analysis are critical stages of any humanitarian assistance and mark an important entry point for gender integration. They provide the evidence base for strategic planning and the baseline information upon which responses are mounted and monitoring is based. Needs Assessments that are blind in gender, age, disability and other diversity factors yield too general information. Such reports have insufficient analyses; relationships between women, girls, men and boys, their respective roles, access to and control of resources, constraints each group faces relative to others, who is affected by the crisis and how, what they need, and what they can do for themselves during recovery. Incorporating gender dimensions in Humanitarian Action (HA) improves the response, the delivery modalities, and ultimately how effectively the response meets the needs of the affected, especially the most vulnerable.

HCT and cluster members were asked how gender is incorporated into humanitarian needs assessments in their country and clusters respectively to gain an understanding of the current practices and whether knowledge of GiHA as demonstrated in question one above is translated into action as needed.

Majority (71 percent) of the cluster members reported that gender analysis is included in the NAs, while less than half (43 percent of HCT members reported the same. Selected HRPs/HNOs were reviewed to triangulate the findings, which show a good analysis of gender and other diversity factors in all of the strategic documents. Conversely, 58 percent of HCTs said Rapid Gender Analysis (RGAs) are conducted at the onset of an emergency, while only 29 percent of cluster members said this was the case for their clusters. The difference in response is understandable, given that cluster members would normally concentrate on sectoral assessments, which is where gender dimensions are incorporated, while HCTs, being in overall coordination, are more aware of Rapid Gender Analysis (RGAs) that are conducted for the entire response.

Gender experts and WLOs must be involved in needs assessments to ensure that gender is adequately integrated. Notably, only 18 percent and 25 percent of clusters and HCTs, respectively reported that gender experts form part of the assessments. In comparison, 21 percent and 17 percent of cluster and HCTs respectively said women and WLOs form part of the assessment teams. The limited participation of

WLOs is of concern since they are the frontline actors in any crisis and their participation contributes significantly to reaching the most vulnerable groups with appropriate interventions promptly. The IASC gender policy requires that all humanitarian planning processes have direct consultations of local women's organizations and their inputs integrated in the planning process. Furthermore, HCTs and cluster leads are responsible for ensuring meaningful participation of these organizations at all stages of the humanitarian response. This is also important as part of the localization agenda which requires local WLOs to participate in humanitarian action decision-making and planning.

Several reasons were advanced for the WLO's limited participation in humanitarian planning: limited capacity, lack of recognition by the humanitarian community and inadequate funding. WLOs also cited the 'unrealistic' demands placed on them by funders who lack understanding of the nature of work they are involved in and the competitive nature of funding in an Oxfam study of the role of women organizations in humanitarian leadership in Bangladesh and South Sudan.

The study also found that WLOs struggle to get into the humanitarian coordination system, which makes it hard for them to be recognized as humanitarian actors locally and nationally. This often impedes their access to humanitarian funding. These findings underscore the importance of mapping WROs, assessing their capacity and putting plans in place to enhance capacity enhancement to effectively participate in humanitarian action as in the example in box 1 below.
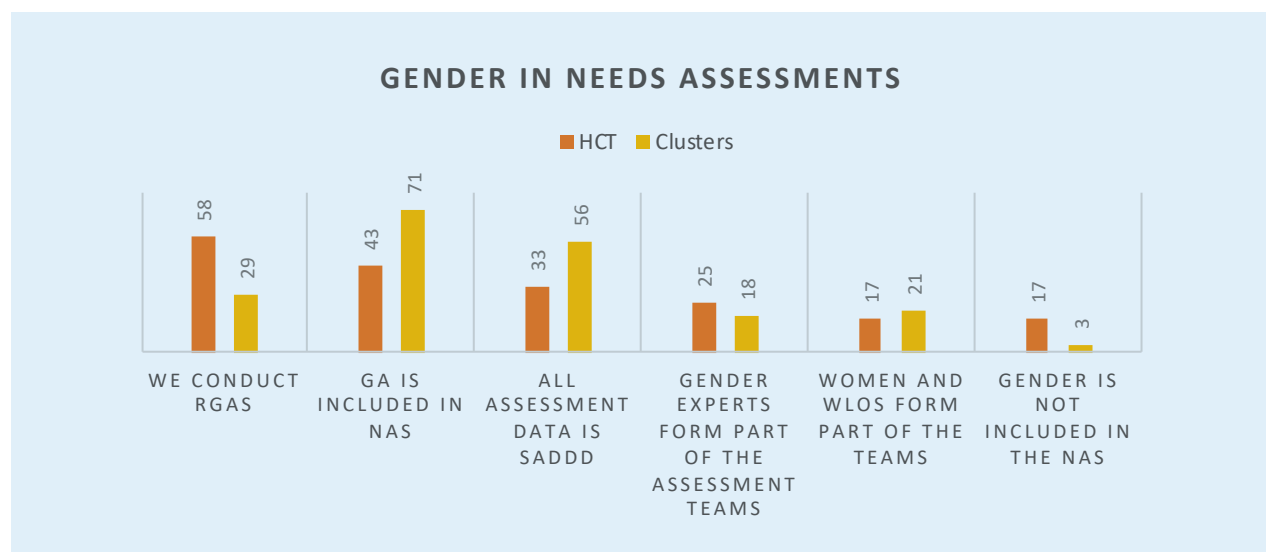
Box 1

Equitable participation in project design good practice

A WHO project to improve water safety planning in Bangladesh, following a humanitarian crisis, sought to include women's groups, women's committees and CBOs in the planning to ensure that their input in critical issues of water safety were included. The most disadvantaged groups were included in the design to ensure that the outcomes were equitable. In an open community meeting where women, the disabled and the elderly participated, the community water supply system was mapped as well as the community characteristics in order to identify water practices of different community groups to inform their water improvement plan. WHO and its local partners recognized the most disadvantaged groups and designed interventions based on their needs. This was based on the understanding that the entire community would benefit if the needs of the most disadvantaged were prioritized.

Figure 2

Gender integration in Needs Assessment and Analysis

GENDER IN NEEDS ASSESSMENTS

■ HCT ■ Clusters

Category	HCT	Clusters
WE CONDUCT RGAS	58	29
GA IS INCLUDED IN NAS	43	71
ALL ASSESSMENT DATA IS SADDD	33	56
GENDER EXPERTS FORM PART OF THE ASSESSMENT TEAMS	25	18
WOMEN AND WLOS FORM PART OF THE TEAMS	17	21
GENDER IS NOT INCLUDED IN THE NAS	17	3

Q3. Priority Actions to Enhance Gender Integration in Needs Assessments

HCT and cluster members were asked to recommend at least three strategies to improve gender integration in humanitarian needs assessments and analysis. Both groups prioritized the capacity building of government institutions at different levels, humanitarian actors, and WLOs, increased consultation with WLOs, and increased human and financial resources dedicated to gender integration. Both groups indicated the need for more support at all stages of the response, including training, strategic planning, monitoring and evaluation.

Table 1

Priority actions to improve gender integration in NA

Action		HCT (10 responses)	Cluster (22 Responses)
1.	Increase consultation with local WLOs.	5	5
2.	Increase capacity building of WLOs, local institutions such as district and village community protection committees and other humanitarian actors in gender integration strategies.	5	5
3.	Increase human and financial resources to promote gender integration, including gender focal persons to provide training during preparatory phases, and financial resources to conduct gender analysis and gender targeted programming.	3	4

Q4. Gender in Planning and Resource Mobilization Strategies

Humanitarian Response Plans (HRPs) are derived from HNOs following joint needs assessments and are intended to provide a shared understanding of the crisis, its evolution and the how all humanitarian actors will coordinate the response. HRPs are based on credible evidence from joint needs analyses to ensure an appropriate response. HNOs that mainstream gender and age contain detailed description of the circumstances, needs and capacities of crisis-affected women, girls, men and boys, the implications of the findings and critical actions that should be prioritized. Strategic plans that do not identify and address the distinct needs of the affected population could lead to a perfunctory response rather than intentional in all ways.

HCT and cluster members were asked how gender considerations are incorporated into planning and resource mobilization to gauge the level of knowledge and practice and identify gaps that contribute to inadequate gender integration in these processes. Three-quarters of the HCT members and 64 percent of clusters said the needs of affected populations are disaggregated in the strategic plans. A review of strategic plans shows that this is indeed the case, with all of the reviewed HNOs and HRPs containing disaggregated needs of the affected population. However, only one out of the four plans reviewed included gender considerations in their impact statements (strategic objectives) as is required by the IASC gender policy and only a few sectoral indicators were found to be gender disaggregated.

Only 25 percent of HCTs and 46 percent of clusters thought that general and sectoral outcomes, activities and indicators were gender specific. This was also found to be true from the review of HRPs and HNOs. While they all included SADD and in some cases disability data, the same rigor was not applied downstream of the strategic plans. From the

review of the HRPs, it was not clear how gender data in the assessment was used to strengthen gender in the response plans. This finding seems to be in agreement with the findings from the HRP/HNOs review, which although noted that the needs analysis contained robust description of the needs of the different population groups, intervention plans tended to be rather general in their approach to gender equality. For example, it was noted that although some HPRs acknowledged the impact of crises on the economic well-being of women in relation to men, very few strategies contained specific plans for women's economic empowerment as required by the IASC gender policy and evaluation guidelines. Discussions with KIs reiterated the same sentiments; that although needs assessments and analyses include an adequate analysis of how crises impact the different groups and how they should be targeted, response strategies and actual projects do not fully utilize the information to implement gender integrated activities.
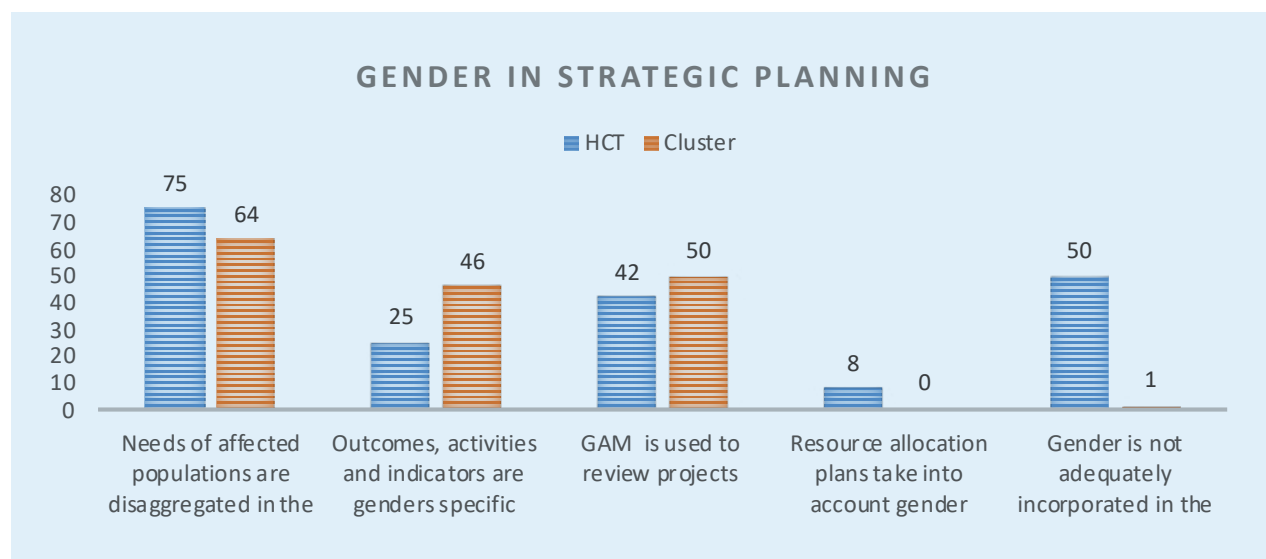
As part of gender integration in strategic planning and resource mobilization, the survey sought to find out how the Gender Age Marker (GAM) tool was utilized to review projects and funding applications for gender-responsiveness. The self-review tool helps humanitarian actors to reflect on the extent to which essential program components address gender and age-related concerns. It also helps track whether basic programme actions are in place, from gender needs assessments to gender-responsive planning and gender differentiated activities. Roughly half of each group said the Gender Age Marker (GAM) tool was used to review projects for their gender-responsiveness. More efforts need to be made to increase GAM usage during project review and monitor and self-reporting to contribute to entrenching gender integration.

In addition to disaggregating the needs of the affected population, allocating resources based on gender needs and using GAM to evaluate projects, encouraging affected groups to participate, such as through WLO is an important way of ensuring that gender is adequately incorporated in strategic planning.

Figure 3

Gender integration in Needs Assessment and Analysis

GENDER IN STRATEGIC PLANNING

HCT ■ Cluster

Category	HCT	Cluster
Needs of affected populations are disaggregated in the	75	64
Outcomes, activities and indicators are genders specific	25	46
GAM is used to review projects	42	50
Resource allocation plans take into account gender	8	0
Gender is not adequately incorporated in the	50	1

Q5. Strategies to Enhance Gender Integration in Strategic Planning

Respondents were asked to state at least three things (in order priority) that could be done to improve the way gender was integrated in strategic planning and resource mobilization. This would help UN Women and other humanitarian stakeholders appropriately plan capacity-building interventions to ensure that HCTs and cluster leaders gain adequate knowledge and skills to design gender-responsive strategic plans. Both HCTs and cluster groups prioritized the following:

- Increase the capacity of those involved in strategic planning to develop gender sensitive plans and project activities based on the disaggregated data from the needs analysis;
- Build the capacity of humanitarian actors (including WLOs) to integrate gender in resource mobilization documents;

- Improve humanitarian actors' knowledge and skills to effectively include affected people and their organizations in needs assessment and strategic planning.

Improving capacity to design gender sensitive strategic plans and to incorporate gender in resource mobilization documents particularly for cluster members (including WLOs) will help humanitarian workers use disaggregated data in the needs analysis to either mainstream gender in the interventions or plan for targeted actions. Humanitarian stakeholders including UN Women. Therefore, the need to focus efforts on building practical skills and knowledge, especially for cluster leads, to translate disaggregated needs analysis into project response plans. This could include training in practical strategies or approaches

for gender mainstreaming in project activities and designing targeted actions. Incorporating gender in resource mobilization would involve, for instance ensuring that the needs analysis data is reflected in the planned activities. This will ensure that gender considerations are carefully included in all sections of the resource mobilization documents as opposed to just one section, and gender-inclusive language is used throughout the funding document. Capacity to enhance participation of affected populations and women organizations could include a review of the IASC guidelines on gender and implementation and monitoring, such as establishing appropriate feedback mechanisms, monitoring access to humanitarian services and coordinating with other actors.

Table 2

Recommendations to enhance gender in strategic planning

Actions	HCT (10 responses)	Cluster (23 Responses)
Increase the capacity of those involved in strategic planning to develop gender sensitive plans based on disaggregated data provided in the needs analyses.	4	3
Capacity building of humanitarian actors (including WLOs) in mainstreaming gender in resource mobilization documents.	4	3
Including affected people or their representatives in the needs assessment and planning.	3	2

Q6 Gender in Implementation, Monitoring and Evaluation of Humanitarian Action

Gender analysis findings must be reflected in the design and assistance provided to affected populations. Implementation should ensure that the distinct needs and concerns of women and other vulnerable groups are addressed and that the programmes draw on the strengths and capacities identified in the analyses. Additionally, adequate participation of the affected groups including WLOs is important to ensure that the different groups' voices, concerns and actions contribute to programming. Social discrimination that could hinder a group's needs from being met can be identified and addressed if all groups participate equally. Accountability to Affected Populations (AAP) must also be ensured as part of participation.

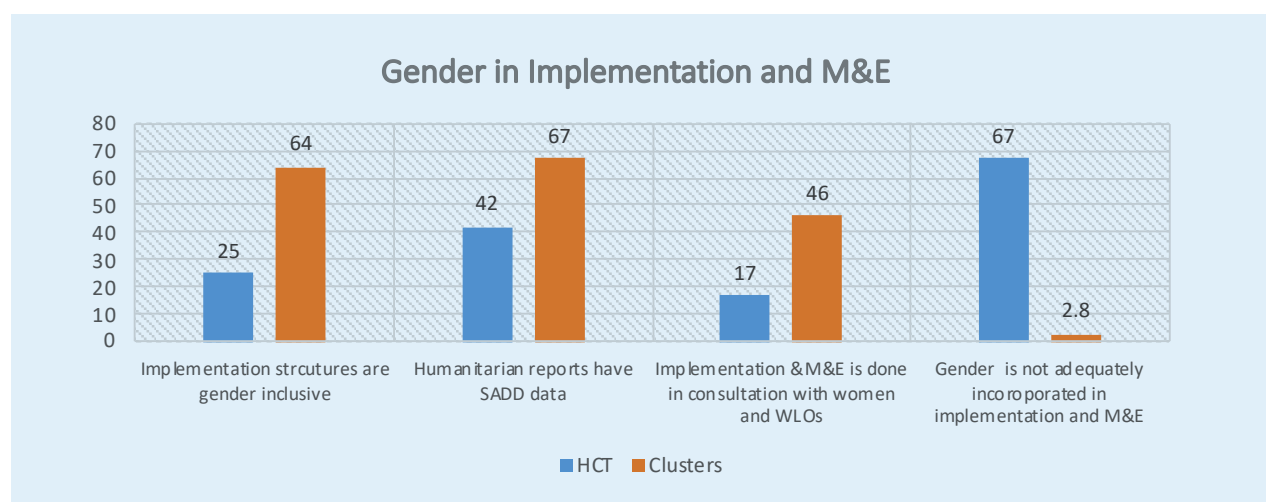To gauge how women, men, boys and girls and other minority groups were involved in implementation and monitoring, HCTs and clusters were asked how gender was incorporated in this aspect. One quarter (25 percent) of the HCT respondents indicated that field-level implementation committees and other structures are gender-inclusive, while 64 percent of clusters concurred. Less than half (42 percent) of the HCTs and 67 percent of clusters reported that sectoral humanitarian progress reports were SADD, and 17 percent and 46 percent HCTs and clusters, respectively reported that monitoring was done in collaboration with women and WLOs. Notably, 67 percent of the HCTs thought gender was inadequately incorporated in implementation and monitoring compared to only 8 percent of clusters. Discussions with key informants concluded that the participation of women varies based on country or location. However, it was generally felt that women's participation was lower than that of men, who make up the majority of the decision-making structures. Deeply entrenched cultural

norms and leadership perspectives hamper women's leadership and participation in these structures. To mitigate this, some key informants proposed that organizations should increase the proportion of women in their leadership positions to promote this agenda, increase opportunities for gender training for their staff, and work more with WLOs. Additionally, knowledge of gender integration strategies and the capacity to apply them in project design and implementation should be improved for cluster members and local WLOs. As noted earlier, humanitarian actors have access to disaggregated data and detailed analysis of the differentiated impact of crises on different population groups. But they do not necessarily use it to design response interventions. An example of how to involve the different groups in project implementation is illustrated in box 2 below.

Figure 4

Gender in Implementation, Monitoring and Evaluation

Gender in Implementation and M&E

	Implementation strcutures are gender inclusive	Humanitarian reports have SADD data	Implementation & M&E is done in consultation with women and WLOs	Gender is not adequately incorporated in implementation and M&E
HCT	25	42	17	67
Clusters	64	67	46	2.8

Box 2

GiHA Good practice example – Gender inclusion in project implementation

In a former Taliban controlled district of Pakistan, WFP staff noted that impacts of the conflict combined with climate extremities had a devastating impact on access to essential services, such as water. In particular, women and girls who were responsible for water collection, cooking and washing were severely affected. WFP undertook a project to restore essential infrastructure to improve access to clean water. Realizing the need to include women who traditionally did not participate in community decision making, WFP worked with local NGOs that hired women staff to engage the local women to understand their priorities and how these could be met through the infrastructure project. This led to prioritization of activities that met the needs of women and girls and that were fully supported by the men. In addition, Project Engineers, who often have very little knowledge of gender inclusion were trained in gender equity and gender sensitive programming. This understanding helped them design facilities that were relevant to the needs of all women, the elderly and disabled. Meeting the needs of the most disadvantaged first inevitably met the needs of the wider community. Training to maintain the facilities was conducted for both men and women to promote gender equity in community leadership.

Q7 Strategies to Enhance Gender Integration in Implementation, Monitoring and Evaluation

HCT and clusters were asked what could be done to improve gender integration in implementation, monitoring and evaluation. The two groups recommended that:

- Equal participation in implementation by men and women and people with disabilities be enhanced. HCTs strongly recommended that the ratio of women to men staff of humanitarian actors particularly in the leadership structures should be reviewed to reflect the strong emphasis on gender balance. A key informant from one of the countries observed that humanitarian workers are mostly male, and community leadership structures are male dominated, which hinders women's full participation in humanitarian action. She suggested that humanitarian agencies need to relook at their staff composition to model gender equality to beneficiaries.

- Capacity building of humanitarian actors, beneficiaries and WLOs to increase understanding of gender integration in implementation, especially in M&E, be increased. Helping actors to fully understand how to integrate gender at all stages of the HPC, as has been seen in other sections, is a key first step to improving its integration.

- In addition to training, monitoring and evaluation tools need to be amended to explicitly include gender dimensions to ensure that the impact of humanitarian actions on the different groups is well understood. Closely related to this was the recommendation to make SADD data a fundamental requirement in all monitoring reports. This requires that all monitoring checklists include gender and other diversity considerations.

Table 3

Recommendations to Enhance Gender in Implementation, Monitoring and Evaluation

Action	HCTs (9 responses)	Clusters (20 Responses)
The participation of women and WLOs should be promoted to equal that of men in the planning and implementation of humanitarian action as well as in the monitoring and evaluation.	2	5
All actors should be mandated to include SADD in their reports at all levels.	2	5
Humanitarian actors and beneficiaries should be trained in gender-inclusive monitoring, evaluation and reporting to enable them to incorporate this in their organizational plans.	1	4

Q8. General Gender Coordination in HCT Plans and Response Strategies

Addressing the gender dimensions of humanitarian assistance requires effective coordination with all the stakeholders: UN agencies, local and international NGOs, CBOs, and local authorities. This is crucial for facilitating information sharing and devising common gender integration approaches. Coordination can be achieved through various ways:

- Establishing inter-agency/intersectoral gender working groups where there are designated gender advisors and/or organizations with specific gender expertise. Gender working groups facilitate information sharing across sectors, ensuring that everyone is informed of key developments and the changing needs of men, women, boys and girls. Doing this encourages gender integration across projects with more ease.

- Designated gender advisors, such as from the Gender Standby Capacity Project (GenCAP)2 to provide advice and guidance to other technical experts and to build the capacity of humanitarian actors. These efforts, particularly when done through intersectoral coordination mechanisms, facilitate gender integration in all project components across sectors, helping achieve a greater outcome.

- Involving women's organizations is a crucial aspect of coordination. Local women's organizations are often at the center of the crisis when it happens, understand the local needs and the dynamics better and are likely to stay long after the crisis is gone, or humanitarian assistance is completed. Ensuring they participate in all aspects of humanitarian planning and response facilitates greater gender integration.

The survey sought to understand how gender is coordinated in general humanitarian planning and response.

Gender mostly falls under GBV or protection clusters in most countries. Over a third of the respondents indicated that gender falls within the GBV/protection clusters. Less than a quarter of the respondents (21 percent and eight percent cluster and HCT respectively) reported the presence of a gender working group in their countries. As stated earlier, inter-agency gender working groups are essential -sharing networks promoting gender integration in projects across sectors. While it may not be possible to establish a gender working group in each country, considering gender as solely a GBV issue hinders its proper integration. According to the IASC gender handbook (2018), although gender is an important defining aspect of GBV, humanitarian action that addresses gender equality and women's empowerment is not interchangeable with GBV. The Inter-Agency Humanitarian Evaluation (IAHE) on gender equality and empowerment of women and girls (GEEWG), 2020 noted the humanitarian system's tendency to limit its perspective on gender in humanitarian action (GiHA) as being solely concerned with issues of protection and GBV. This view excludes women's and girls' wider needs and their potential to contribute to the development and implementation of more effective humanitarian responses. Gender equality programming supports equal access and participation in humanitarian programs by all the affected groups. Also, it seeks to promote women's and girls' empowerment as a way of changing the power relations that perpetuate inequalities. Regarding women and girls as change agents helps reinforce their abilities to address their own needs and can be a powerful way of disrupting the existing gender stereotypes and allowing for sustainable change. Humanitarian action should therefore embrace gender entirely, in addition to GBV.

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2 GenCap is an IASC initiative established in 2007. It aims to strengthen interagency capacity and leadership to prioritize gender equality and women's empowerment in humanitarian action. GenCaps provide expertise, guidance, tools and share good practices, working with Humanitarian or Resident Coordinators, HCTs and cluster working groups to promote gender equality and women's empowerment. More information can be found at https://interagencystandingcommittee.org/gender-standby-capacity-project-gencap

Discussions with KIs concurred with the finding that gender is mostly considered a GBV issue, a fact that contributes to its limited integration in response programmes. KIs from one of the countries, for example, observed that a lot of emphasis in the GBV cluster is on GBV, which, although very important, should not be substituted for the wider gender concerns.

Another way of ensuring coordinated gender integration is the presence of gender advisors, such as GenCAPs – who are senior gender experts deployed to large scale emergencies upon request to provide support to the humanitarian action. According to the survey, less than 10 percent (1 percent and eight percent cluster and HCTs, respectively) reported the presence of a GenCAP, UN Women or other specialist support personnel during current and or recent emergencies. Specialist gender support strengthens gender considerations in humanitarian planning and response aspects. GenCAPs and other specialist gender advisors provide tools for gender assessment and analysis, for mainstreaming gender into project activities, expertise, and guidance to help actors design, implement and monitor gender-responsive and transformative projects. Lack of consistent and sustained capacity to support gender integration during humanitarian action has been cited as one of the hindrances to its adequate integration. As observed before, although actors have access to SADD and differentiated crises impact analysis, this information is not fully utilised in programme design. This could point to limited capacity to design gender-mainstreamed and targeted actions. The lack of sustained support explains why when asked what could be done to improve gender integration at the different HPC stages (needs assessment, strategic planning, resource mobilisation and implementation and monitoring), respondents prioritised capacity building of humanitarian actors.

The third important aspect of gender integration in overall coordination is the participation of women organizations in the humanitarian coordination system and partnership with International Organizations. According to the survey, only 25 percent clusters reported that WLOs participate in the cluster coordination meetings, and zero percent by the HCTs. This finding is similar to other studies that have concluded that the humanitarian and development architecture is still heavily dominated by international actors through the HCT. For instance, according to an Oxfam study in South Sudan and Myanmar, local and national NGOs in South Sudan and Myanmar said they had very little voice as they were rarely invited to participate in coordination meetings. Involving local and women organizations as part of the localization agenda has several benefits:
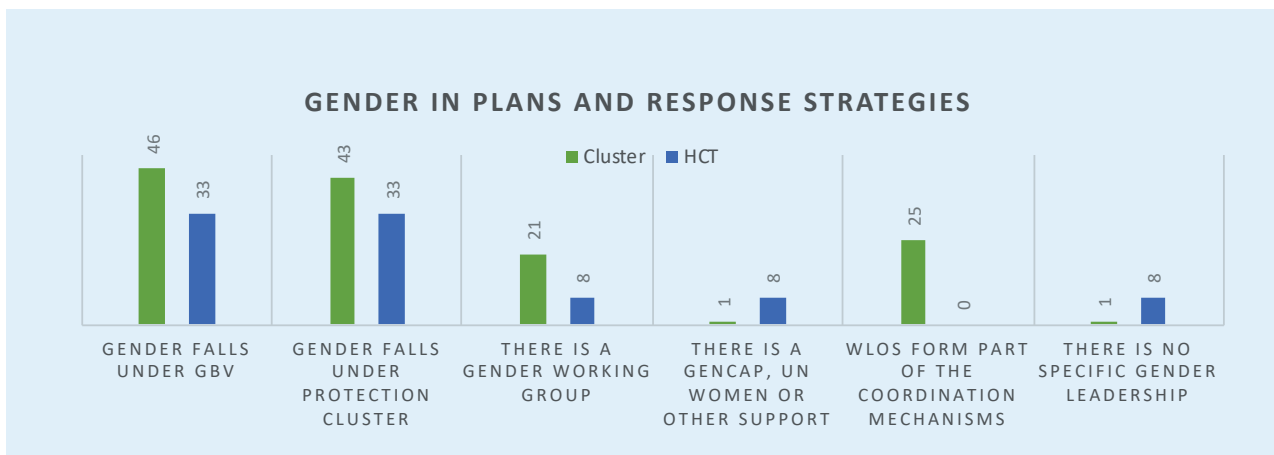
- Local actors normally have better access, which could facilitate faster response to emergencies. They could, if well-resourced, respond to many small-scale emergencies under the threshold of international intervention. Quick response times can help keep emergencies from escalating. For example, while it took local volunteers just a few minutes to deliver first aid during the 2016 Ecuador earthquake, it took the EU 36 hours. The recent COVID-19 pandemic has demonstrated this, with many organizations temporarily stopping or scaling back operations due to limited access.
- Local organizations have a better understanding of the cultures, politics and needs. Therefore, their response (even in partnership with IOs) is likely to be sensitive to the local needs and more accepted. For example, during the 2013-2016 Ebola crisis in Guinea, Liberia and Sierra Leone, WHO prohibited the traditional funeral practices for fear of contamination, disregarding of the cultural implications. As a result, people misreported the causes of death to allow them to accord befitting send-off for their kin. This resulted in the increased spread of Ebola virus. In contrast, local volunteers in these countries engaged respectfully with their communities, allowing for culturally befitting send-off without risking the spread of the virus.
- Local organizations are likely to stay long after the crises are finished and help their

communities transition to long-term development. For most local organizations, there is no distinction between humanitarian and development work in how the international community categorizes them. The Organization for Economic Co-operation and Development (OECD) now advocates for donor investments to be allocated based on strategic local priorities that help strengthen resilience. This link is even more important for local women organization who can help women build resilience more meaningfully.

Some good practices in enhancing local organizations' participation that can be adapted to local WLOs are emerging. For example, in the Kachin region of Myanmar, Oxfam Novib provided flexible funding in partnership with the existing Joint Strategy Team (JST) – a coordination network of mostly local NGOs. The JST network served as an alternative to the UN led coordination mechanism during the COVID-19 pandemic, enabling faster response to the crisis. Although the report is not advocating the replacement of the existing coordination mechanism, deliberate flexibility is needed to compliment the HCT coordination mechanisms to enable women and other local organizations to actively and meaningfully participate.

Figure 5

Gender in Coordination of HCT Plans and Response plans

GENDER IN PLANS AND RESPONSE STRATEGIES

Legend: ■ Cluster ■ HCT

- GENDER FALLS UNDER GBV: 46 (Cluster), 33 (HCT)
- GENDER FALLS UNDER PROTECTION CLUSTER: 43 (Cluster), 33 (HCT)
- THERE IS A GENDER WORKING GROUP: 21 (Cluster), 8 (HCT)
- THERE IS A GENCAP, UN WOMEN OR OTHER SUPPORT: 1 (Cluster), 8 (HCT)
- WLOS FORM PART OF THE COORDINATION MECHANISMS: 25 (Cluster), 0 (HCT)
- THERE IS NO SPECIFIC GENDER LEADERSHIP: 1 (Cluster), 8 (HCT)

Q9: Recommendations to Strengthen Gender Mainstreaming Coordination in the Humanitarian Coordination System

Integrating gender in all aspects of humanitarian response is an important aspect of coordination. Leadership in coordination is essential in determining the extent to which gender considerations are integrated in all stages of the HPC. To understand the opportunities that exist to improve gender in coordination, respondents were asked to prioritize three things that could be done to improve gender in general coordination.

HCTs prioritized the following three aspects in support of strengthening gender in humanitarian coordination systems:

- Presence of a gender focal point in each cluster/working group to provide leadership and technical support, such as adapting tools, training, sharing best practices, lessons and analysis of the needs of the affected groups and how plans and interventions could be best adapted.

- Where possible, form gender working groups to provide the needed intersectoral joint planning and information sharing on needs as they evolve, best practices and joint response strategies.

- UN Women representation at the HCT to adequately promote gender integration and accountability at that high level of decision-making. This would also help improve advocacy for gender integration throughout the humanitarian system and help bring out gender as a broader issue than just GBV.

- Increase representation of WLOs in HCTs as an important step to improve coordination and partnership with the local organizations.

Cluster members prioritized the following:

- Advocacy for increased gender mainstreaming at all levels. This includes UN Women representation in the HCT for high level advocacy, and sensitization of HCT and cluster members on their role to advocate for gender integration as provided for in the IASC gender policy.

- Training of cluster leaders and other actors on gender integration to improve skills and knowledge and practice.
- Gender focal points in all clusters to provide sustained support and capacity building to cluster members.

Table 4

Recommendations for Strengthening Gender Mainstreaming in Coordination

Recommendation	HCTs (10 Resp)	Recommendation	Clusters (22 resp)
All or the main clusters should have gender focal points to provide technical support and gender leadership	3	Advocate for gender mainstreaming at all levels to help create awareness of its importance	6
Form gender working groups and include UN Women in the HCTs to maintain overall leadership and accountability at that level	2	Provide training for cluster leads on gender integration	4
Include local WLOs in the HCTs and clusters	2	Maintain gender focal points in all clusters to provide leadership and technical support	3

Q10. Three Most Important Aspects for UN Women and other Gender Specialist Organizations to Invest in Improving Gender Integration in Humanitarian Action

HCTs and cluster members were asked to recommend three things UN Women and other gender specialist organizations could do to improve gender integration in humanitarian action. These recommendations will help shape UN Women's HCT capacity building strategy for gender integration in humanitarian action during the current four-year strategic period (2022-2026).

HCTs prioritized the following:

- Invest in sustained technical support for humanitarian actors at all levels, such as by providing tools or working with clusters to customize tools for gender assessment and analysis, and M&E. Although it is recognized that various tools are in existence, respondents expressed the need for adaptation to local contexts, and to help sectors understand how to best apply them to their sectors and circumstances.
- To adequately create awareness and advocate for gender integration at the highest level, UN Women should be involved in high-level decision-making, such as at the HCT. This will also facilitate better information sharing

Clusters members' prioritization:

- Like the HCTs, clusters prioritized technical support for all actors, including cluster leads, WLOs and beneficiaries in gender integration by providing the necessary gender integration tools, for example tools for gender assessments and analysis, M&E and mainstreaming. Training clusters should accompany this to adapt them to their sectors. This was understood to be the prerequisite to meaningful gender integration.
- Advocacy for WLOs to be engaged in all aspects of planning and response as equal partners in humanitarian action. Participation should not be limited to humanitarian response planning but extend to partnerships between WLOs and international organizations – not just as implementing partners for specific projects, but as equal partners in decision-making and planning.
- Advocate for and increase flexible funding for local WLOs to enable them to participate in response programmes. Lack of access to funding and the 'stringent[3]' conditions imposed by funders who do not recognize WLOs capacity and structures are some of the main challenges to WLOs participation

and coordination at the leadership level with like-minded organizations, including relevant government departments. The recommendation for UN Women to participate in HCTs was reiterated by a KI who observed that this would promote accountability at the highest level in addition to joint decision-making and providing strategic technical direction to the HCT.

- UN Women and other gender specialist organizations should support local women's organizations by advocating and facilitating their participation in planning fora at all levels of humanitarian coordination, including the national coordination mechanisms.

on humanitarian action. Increasing advocacy for the HCT system to honor the minimum Grand Bargain Commitments[4] to increase funding to local organizations by at least 25 percent is important. In addition, UN Women should try to secure funds that can be channeled to these organizations as core funds to improve their organizational development and for rapid response during emergencies.

These views were supported by KI recommendations to improve the technical support of humanitarian actors to mainstream gender. Several of the KIs observed that although actors may understand the need to integrate gender, most of them had no tools and support to do so. Neither did they have the time commitment to investing hours researching for best ways to do this given the nature of humanitarian action. Having assured and sustained access to technical support before, during and even after emergency response would aid them to mainstream gender with better ease and reflect on the impact of their actions on gender equality. As observed by one KI:

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3   It is understandable that most funding comes from institutional donors who are accountable to governments, tax payers and or private owners for the funding provided. This calls for a certain level of accountability requirements that should be met by grantees. However, funders need to be sensitized to the structures of local organizations that may not meet their IO based funding requirements. Flexibility should also be built into funding models to for example, encourage more contributions into pooled funds that can be channeled to local organizations rapidly to enable rapid responses.

4   See https://interagencystandingcommittee.org/grand-bargain for more information on the Grand Bargain Commitments

[I know very well how important gender mainstreaming is, but I have challenges doing it, given that my field staff have little expertise in this area, and, although I know we should do better, I do not have the time to sit with my staff and reflect on what could be done differently to improve humanitarian outcomes for women and the most vulnerable]

– KI Mozambique

Table 5

Recommendations for UN Women and other humanitarian stakeholders to improve gender mainstreaming

Recommendation	HCT (9 resp)	Recommendation	Clusters (22 resp)
Provide technical support for humanitarian actors, such as customized tools for gender assessment and analysis, and monitoring and evaluation	4	Provide technical support, such as customized tools for gender assessment and analysis, M&E and for gender mainstreaming	4
UN Women involvement in high level decision-making and coordination	3	Advocate for WLOs' engagement in humanitarian action	3
UN Women advocate and facilitate the engagement of local WLOs in humanitarian action	2	Provide funding for local WLOs to enable them to participate in responses	2

The gaps in these recommendations summarize UN Women's opportunities to engage more meaningfully with country offices' humanitarian planning and response processes. Capacity building for WLOs and other humanitarian actors and provision of the necessary technical support, including tools on a sustained basis, and documenting evidence of the impact of gender inclusion in humanitarian action should form a major part of UN Women's focus in this strategic period.

4. GENDER INTEGRATION IN HRPs AND HNOs BASED ON IASC ACCOUNTABILITY FRAMEWORK

The IASC Accountability Framework, which accompanies the IASC Policy on GEEWG in Humanitarian Action lays out measures for the IASC at all levels to integrate the empowerment of women and girls into all its preparation, response and recovery efforts. The Framework helps the IASC to hold itself accountable for the implementation of its collective actions on GEEWG. It defines the monitoring of the collective performance of the IASC on standards defined within the gender policy and aims to develop a shared agenda on GEEWG.

Four HRPs and HNOs from South Sudan, Somalia, Ethiopia and Zimbabwe were reviewed based on the IASC standards for gender equality and GEEWG in seven areas, namely:

- SADD Data and gender in impact statements;
- Women's economic empowerment;
- Provision of Sexual and Reproductive Health for women, girls, men and boys;
- Prevention of GBV and Sexual Exploitation and Abuse (SEA);

- Accountability to affected populations (AAP);
- Local women's organizations' participation in humanitarian planning; and
- Positive masculinity.

Overall, there was mixed adherence to the standards, with most HRPs/HNOs, including SADD in their problem analysis and disaggregating people in need according to age, gender and disability. However, this analysis was not reflected in sectoral implementation plans, most of which did not show how gender was mainstreamed in key activities nor had targeted actions for the different groups as described in the needs analysis. Most of the reviewed strategic plans made strong commitments to GBV and SEA prevention and AAP as overriding aspects of their response. Very few strategies made specific plans for women's economic empowerment, although they acknowledged the crises' impact on women and their livelihoods and even less mention of the involvement of local women's organizations in humanitarian response planning.

The analysis is summarized below:

Table 6

HRP/HNO Assessment based on the IASC Accountability Framework

Gender Policy standard	Indicator	Findings
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. Results of gender analysis should be used to inform humanitarian action at each stage of the HPC.	Impact statement includes gender (how women, girls, men and boys are affected differently by crisis and the gender dimensions of humanitarian needs (as per the HNO guidance).	All of the reviewed HRPs contained gender, age and (for some) disability disaggregated data in the overview or summary sections, such as in the excerpts below: *'Humanitarian needs have increased across the country. The revised target includes 14.8 million people of whom 57 percent are children and 22 percent women'* However, although data was disaggregated in the NAs and the impact on women and girls analyzed, many strategic plans did not include gender in the overall impact statements as is the IASC standard. Only one of the HRPs explicitly included gender in its impact statement, and another included gender in sector specific objectives and indicators. Some HRPs generally stated that the plans would prioritize women and other socially excluded groups, as in the following example: "The response plan recognizes that women, men and children experience crises differently, framed by the social norms, customs and economic expectations of their respective gender roles. The inter-sectoral response under this plan will ensure that those who are already socially vulnerable, marginalized or excluded, especially women, children, people with disabilities and people living with HIV will be prioritized" (Zimbabwe draft HNO 2011). Other strategies detailed how women are impacted in sections spotlighting most vulnerable groups (women, children, people living with disabilities and the elderly). These sections describe the crises' impact on these groups to facilitate decision-making on how they should be targeted.

Gender Policy standard	Indicator	Findings
2. Humanitarian Response Plans provide support to women's economic empowerment through targeted livelihoods and employment interventions.	Responses support women's economic empowerment through livelihoods and employment interventions, which are accessible and minimize risk to women and girls.	None of the reviewed HRPs included statements on women's economic empowerment, although some, such as the Zimbabwe one noted the crisis impact on women and included plans to target them specifically with cash-based interventions. It is possible that many other livelihood projects were planned and implemented but exactly how the interventions targeted economic empowerment of women and girls was not clear. Economic empowerment can be a powerful gender transforming strategy that brings about shifts in power imbalances.
3. Make specific provision for sexual and reproductive health for women and girls, as well as for men and boys.	Humanitarian Response Plans make specific provision for sexual and reproductive health for women and girls, as well as for men and boys.	Two out of the four reviewed HRPs recognized the impact of the crisis on women's reproductive health specifically and included commitments to provide these services. Zimbabwe notably included specific objectives on reducing maternal mortality rates. "Specific Objective 1.3: Reduce maternal mortality rates by 20 percent in 60 priority districts by the end of 2021" (Zimbabwe Draft HNO 2021). Others, such as the Somalia and Sudan plans contained more general information about basic health interventions and focused more on nutritional outcomes which targeted women and children, perhaps reflecting the urgent needs in those contexts.
4. Humanitarian actors should prevent, mitigate and respond to GBV and Sexual Exploitation and Abuse (SEA), through systematic gender mainstreaming that addresses harmful societal and institutional gender norms; supporting national policies.	Humanitarian Response Plans address mitigation and respond to GBV and Sexual Exploitation and abuse.	All of the four HRPs reviewed made commitments to prevent, reduce and respond to GBV cases. This was a central theme in all the HRPs, with many clearly stating how the crisis impacted on GBV and what the response would be, such as described in the statement below: "Nearly 671,200 people (74 percent women and girls, 26 percent men and boys) aged between 15 and 49 years targeted with life-saving GBV risk mitigation and response services in 51 prioritized districts" (South Sudan HNO 2022). What was not entirely clear was how clusters (apart from GBV) would mainstream strategies to reduce and mitigate GBV or provide services to survivors, such as through strengthening community structures and involving men as agents of change and providing specialized services or a referral system for survivors.

Gender Policy standard	Indicator	Findings
5. Recognize the common goal of the IASC commitments on Accountability to Affected Populations/ PSEA, the IASC Policy on Protection in Humanitarian Action (2016), and this Policy, and employ common strategies and plans at country level, for example the use of information and feedback mechanisms which are gender-sensitive.	Humanitarian Response Plans express strategies/ plans for the implementation of the Accountability to Affected Populations/ PSEA, the IASC Policy on the Centrality of Protection in Humanitarian Action, and the IASC Gender Policy.	The centrality of protection was clearly articulated in all the HRPs reviewed. For example: "Ethiopia Prevention of Sexual Exploitation and Abuse (PSEA) Network will support humanitarian partners to collectively address hindrances to SEA reporting by tackling root causes of SEA and by ensuring intersectional access to a strong survivor centered protection system, including community-based complaint mechanisms and CP/GBV survivor-centered services" (Ethiopia HRP Mid-term review 2021). It was also noted that in all the HRPs, protection was not just restricted to women but would be extended to all groups in need although women received special attention because of their underlying vulnerabilities.
6. Tangibly promote the meaningful and safe participation, transformative leadership, and collective action of women and girls of all backgrounds at all stages of humanitarian action.	Humanitarian planning processes have direct consultations of local women's organizations taken place and their inputs have been integrated.	There was very little evidence of consultations with local women's organizations in the humanitarian planning process within the HRPs. The closest was the participation of affected communities in the needs analyses as acknowledged in the statement below: "The needs addressed in this HRP have been identified in consultation with affected communities, with the unique needs of women, men, boys, girls, people living with disabilities and people living with HIV reflected throughout" (Zimbabwe draft HNO 2021).
7. Work with men and boys in achieving the goal of gender equality and the empowerment of women and girls in humanitarian action, and in promoting positive masculinities.	HNOs and HRPs have suggested the relevance of working with men and boys in achieving the goal of gender equality.	This was one of the outstanding missing links in the HRPs. Although the analyses included the drivers of GBV, such as cultural norms. For instance, there were no specific plans or commitments to working with men and boys for the purpose of achieving gender equality. All the response plans and needs overviews indicated that men and women and boys and girls would be targeted with the humanitarian interventions. Specific plans to reach men and boys as positive advocates for change in gender inequality were not mentioned.

5. RECOMMENDATIONS

Four main recommendations stem from this survey:

- The first main recommendation made by HCTs, cluster members and key informants, and which also clearly reflects the responses to the skill, knowledge and practice questions, is the need for capacity building for all types of humanitarian actors at all levels in gender integration. The low level of knowledge and application of gender integration strategies in all aspects of humanitarian response planning, coordination and implementation calls for capacity strengthening of actors to increase knowledge and skills and confidence in practicing them. Opportunities exist for UN Women to partner with like-minded and gender specialist organizations to develop a capacity-building strategy to ensure that gender integration knowledge and skills is consistently built and sustained in the humanitarian community.

- Understanding of what gender integration in humanitarian action and in the HPC entails remains inadequate. This can be seen in the low percentage of HCTs and cluster members who know how to integrate gender at all stages of the HPC effectively, the low involvement of WLOs and other local organizations, and the limited translation of gender and age-disaggregated data in the HNOs to sectoral plans. This challenge will be partly met through training as recommended above. However, advocacy at all levels is equally important on the importance

of gender integration. This could be achieved by having gender experts, UN Women and other gender-focused agencies participating in the HCT as recommended by the respondents and sensitizing of HCT and cluster members about their role in promoting gender integration.

- Increase the participation of local organizations, especially women-led organizations. The participation of WLOs in humanitarian planning as recommended in the Grand Bargain should be promoted in all aspects of localization, including funding, capacity building, partnership, coordination, participation, policy and decision-making. As gender champion, UN Women, governments and other humanitarian stakeholders could support increased WLO participation through advocacy, identification and capacity building of the WLOs, funding support and equal basis partnerships.

- In partnership with other stakeholders, UN Women should increase technical support to HCTs by ensuring the availability of specialist staff and consultants that can be deployed to support HCTs in their preparation, coordination and response to emergencies. This could include support in training, availing and customizing tools for assessments, analysis, M&E and mainstreaming. It could also include providing and/or encouraging sharing of good practices within and between sectors. Gender in Humanitarian Action experts should be mapped, and a live database maintained to facilitate rapid

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