



# GENDER ACCOUNTABILITY FRAMEWORK REPORT 2020

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Produced by UN Women on behalf of the IASC Gender Reference Group (GRG)

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# ACKNOWLEDGMENTS

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The 2020 Gender Accountability Framework Report is produced by UN Women on behalf of the Inter-Agency Standing Committee's (IASC) Reference Group for Gender in Humanitarian Action (GRG). As per provisions endorsed by the IASC, a Gender Desk (hosted by UN Women) was tasked with leading the requisite data collection, consolidation, and synthesis to fulfill the reporting requirements of the Accountability Framework.

For the 2020 Report, the exercise benefitted from the contributions of a dedicated Working Group comprising of Save the Children, Women's Refugee Commission, Oxfam, International Rescue Committee, the Gender

Capacity Standby Project, the IASC Secretariat, and UN OCHA which supported the Gender Desk in the desk-review of close to 90 documents. As in previous years, a significant portion of information reviewed came through direct inputs from crisis contexts channeled through UN Women and UN OCHA country offices.

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# ACRONYMS

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

# EXECUTIVE SUMMARY

The 2020 Gender Accountability Framework (AF) report marks the third monitoring cycle of the IASC's 2017 [Gender Equality and the Empowerment of Women and Girls in Humanitarian Action Policy](#). It provides a snapshot of the IASC's output in the calendar year 2020 and allows for cross comparison with the baseline established with the 2018 AF report and the subsequent 2019 report. This report also captures the ways in which the IASC adapted its efforts in humanitarian settings as COVID-19 swept across countries and to what extent these efforts corresponded to the compounded impact of the pandemic and pre-existing humanitarian crises on women and girls.

2020 saw humanitarian actors rapidly mobilize themselves to respond to the pandemic that aggravated humanitarian needs in protracted crisis settings. Significant effort went towards attempts to understand the impact of the pandemic on crisis-affected communities. This is reflected in the large number of guidance materials on COVID-19 and its impact as well as localized needs assessments and analysis across settings. For instance, in 2020, the IASC Principals Group released 22 outputs (compared to six in 2019). Notably, close to 80 percent of these outputs in 2020 reflected the standards and commitments of the IASC Gender Policy – a marked improvement from 33 percent in 2019. However, this improvement was not observed across other parts of the IASC structure. There was a drop in the attention to gender priorities in the work of the subsidiary bodies and associated entities and the percentage of OPAG Results Groups complying with the IASC Gender Policy remained at 20 percent.

Similarly, support from the global structure of the IASC to its field representation in implementing the IASC's Gender Policy was also mixed. Half of the Peer-to-Peer missions in 2020 integrated gender priorities (while an improvement compared to 2018, this figure remains at the same level as 2019). The review observed a drop in the attention to gender among outputs endorsed by the OPAG. As the self-assessment surveys were not released in 2020, the Gender Desk was unable to ascertain the progress made by global clusters in implementing the Gender Policy.

Despite mixed progress at the global level, there was improvement across most priority areas in the implementation of the Gender Policy at the field level in 2020. For the first time, more than half of the HNOs (55 percent) reviewed demonstrated use of SADD and gender analysis. Over 90 percent of HRPs included provisions for sexual and reproductive health and to mitigate and respond to GBV. However, only 63 percent of HRPs included provisions for women's livelihoods, similar to previous years.

68 percent of crisis contexts reported having consulted at least one local women's rights organization in the humanitarian planning process reflecting another area of gradual improvement. Significantly, over 80 percent of settings reported having active gender working groups in place. A cross-analysis revealed that while 68 percent of all responding contexts reporting having consulted with at least one WRO to contribute to the HPC, in contexts with active gender working groups, 82 percent had consulted with WROs.

The availability of sustained gender capacity for HCT remained limited with less than 20 percent benefitting from appointed senior gender capacity for at least six months in 2020. In 36 percent of all IASC contexts, HCTs relied on the expertise extended by UN agencies (including UN Women, UNFPA) and INGOs. There was a drop in the percentage of HCTs reporting efforts to implement a GEEWG plan with only 11 percent doing so in 2020.

A significantly higher proportion of crisis settings – almost 80 percent – reported having conducted joint gender analysis in 2020. 60 percent of all gender analysis was dedicated to understanding the impact of COVID-19 or included such a component in 2020. It is clear that – based on findings at the global level and field level – those efforts to understand the impact of the pandemic largely did strive to understand the specific impact on women and girls. It is vital that this focus and the findings pointing to the specific and often disproportionate needs of women and girls is translated to targeted provisions to meet these needs.

# KEY FINDINGS

Close to

## 80%

of outputs released by the IASC Principals Group in 2020 reflected the standards and commitments of the IASC Gender Policy – a **marked improvement from 33 % in 2019**

**Attention to gender priorities** in the work of the subsidiary bodies and associated entities dropped and the percentage of OPAG Results Groups complying with the IASC Gender Policy remained at **20%**

## 1/2

of the Peer-to-Peer missions in 2020 **integrated gender priorities** (while an improvement compared to 2018, this figure remains at the same level as 2019).

Attention to gender priorities among outputs endorsed by the OPAG **decreased**

For the

## 1<sup>st</sup>

**time, more than half of the HNOs (55%)**

demonstrated use of SADD and gender analysis. Where Gender WGs were active, about 70% of HNOs did so

## Over 90% of HRPs

included provisions for sexual and reproductive health and to mitigate and respond to GBV.

However, **only 63% of HRPs** included provisions for women's livelihoods, similar to previous years.

## 54%

of all HRPs included provisions to **implement all the three cross-cutting areas of gender priorities** (Livelihoods, GBV, and SRH). In settings with active gender working groups, 85% - a notably higher percentage – of HRPs did so.

## 68%

of crisis contexts reported having **consulted at least one local women's rights organization** in the humanitarian planning process and over **80%** of settings reported having active gender working groups in place reflecting two important areas of improvement.

While **68% of all responding contexts reporting having consulted with WROs to contribute to the HPC**, in contexts with active gender working groups, **82%** had consulted with WROs

The availability of sustained gender capacity for HCT remained limited with **less than 20% benefitting from appointed senior gender capacity for at least six months in 2020.**

In **36% of all IASC contexts**, HCTs relied on the expertise extended by UN agencies (including UN Women, UNFPA) and INGOs.

Percentage of HCTs reporting efforts to implement a GEEWG plan decreased with only **11%** doing so in 2020.

A significantly higher proportion of crisis settings – **almost 80%** – reported having conducted joint gender analysis in 2020. **60%** of all gender analysis was dedicated to understanding the impact of COVID-19 or included such a component in 2020.



# INTRODUCTION

The Inter-Agency Standing Committee (IASC) renewed its commitments to gender equality and the empowerment of women and girls in humanitarian action through its 2017 [Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action](#) (Gender Policy). This was accompanied with an [Accountability Framework](#) (AF), intended to allow the IASC to monitor its delivery – both at the global and field levels – on the commitments, standards and prescribed roles and responsibilities contained within the Gender Policy.

The Accountability Framework focuses on the collective actions of the IASC with regards to gender equality and the empowerment of women and girls (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 Accountability Framework are:

- To monitor the collective actions of the IASC – at both global and field levels - to integrate gender equality and the empowerment of women and girls into the coordination of humanitarian response efforts around the world;
- To guide the IASC in identifying priority actions to advance gender equality and the empowerment of women and girls;
- To support the strengthening of accountability across the IASC with respect to advancing gender equality in humanitarian action.
- To showcase good practice and implementation of the IASC’s commitments on gender equality.
- To highlight gaps where the IASC needs to amplify efforts to advance gender equality and the empowerment of women and girls.

## OUTLINE OF PROCESS

Reporting on the implementation of the Gender Policy, the Accountability Framework 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 Gender Policy.

As per the provisions of the endorsed Accountability Framework 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. Since 2018, annual reports reviewing the IASC’s adherence to its Gender Policy have been developed by UN Women on behalf of the IASC Gender Reference Group.<sup>1</sup> To strengthen the system-wide ownership of the exercise and to better harness the expertise of gender experts across the humanitarian system, the 2020 Report was developed with support from a dedicated Working Group comprising of UN and INGO Gender Reference Group members. In particular, the Gender Desk in 2020 benefitted from the contributions of Save the Children, Women’s Refugee Commission, Oxfam, International Rescue Committee, the Gender Capacity Standby Project, the IASC Secretariat, and UN OCHA in its review of outputs produced by various strata of the IASC in 2020. This comprised of close to 90 documents including Humanitarian Needs Overviews and Humanitarian Response Plans developed in 2020 as well as outputs published by IASC bodies at the global level over the course of 2020. All documents were independently reviewed by two or more members of the working group.

As in previous years, information in relation to the implementation of the IASC Gender Policy at the field level was gathered from UN Women country offices

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<sup>1</sup> Please refer to previous Annual Reports here: [2019 IASC Gender Accountability Framework Report](#) and [2018 IASC Gender Accountability Framework Report](#)



operating in IASC contexts. Where UN Women offices were not present in the humanitarian space, UN OCHA country offices gathered the requisite information for the exercise.

Due to time constraints and additional work demands caused by the global pandemic, it was not possible to conduct the usual self-assessment survey of the IASC structures and field representation. As such, this is presented as a GRG report and not as an official endorsed IASC document.

The monitoring and reporting exercise is done against the two logframes contained within the Accountability Framework 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,
- Operational Policy and Advocacy Group (OPAG) and its Results Groups,
- Emergency Directors Group,
- P2P,
- GRG,
- IASC Associated Bodies,
- Global Clusters,
- Humanitarian Coordinators,
- Humanitarian Country Teams

## INFORMATION SOURCES

The scope of this exercise is limited to IASC managed crisis-contexts in which a Humanitarian Coordinator was present in 2020. This covers a total of 31 crisis settings comprising of 30 crisis-affected countries and one regional context: Afghanistan, Burkina Faso, Cameroon, Central African Republic (CAR), Chad, Colombia, Democratic Republic of the Congo (DRC), Eritrea, Ethiopia, Haiti, Iraq, Jordan, Lebanon, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, occupied Palestinian territory (oPt), Philippines, Somalia, South Sudan, Sudan, Syrian Arab Republic, Ukraine, Venezuela, Yemen, Zimbabwe, and the Syria Regional Response respectively.

From across these 31 crisis-settings, documents and direct inputs were collected and reviewed as follows:

#### Direct information was received from 28 crisis contexts<sup>2</sup>

Afghanistan, Cameroon, CAR, Colombia, DRC, Eritrea, Ethiopia, Haiti, Iraq, Jordan, Lebanon, Libya, Mali, Myanmar, Niger, Nigeria, Pakistan, oPt, Philippines, Somalia, South Sudan, Sudan, Syria Arab Republic, Syria Regional, Ukraine, Venezuela, Yemen, and Zimbabwe

#### Humanitarian Needs Overviews developed in 2020 were available from 18 countries<sup>3</sup>

Afghanistan, Burundi, Cameroon, CAR, DRC, Ethiopia, Haiti, Iraq, Libya, Myanmar, Niger, Nigeria, oPt, Somalia, South Sudan, Sudan, Ukraine, Yemen

#### Humanitarian Response Plans developed in 2020 were available from 24 countries<sup>3</sup>

Afghanistan, Burkina Faso, Burundi, Cameroon, CAR, Chad, Colombia, DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, oPt, Pakistan, Somalia, South Sudan, Sudan, Ukraine, Venezuela, Yemen

2 Channeled through UN Women and OCHA country offices

3 Not all crisis-contexts with an appointed HC or Regional HC produced an HNO or HRP in 2020. Some settings extended an existing HNO or HRP for an additional year. In these cases, the review of the document was not repeated.



# Notable Progress of Implementation of 2019 AF Report Recommendations

## PRINCIPALS

The Gender Accountability Report for 2019 should be tabled for discussion at the Principal's level to reinforce the collective leadership and accountability required to advance gender equality and the empowerment of women and girls in humanitarian action.

- The Accountability Framework Reports and the process involved was highlighted in the Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls. While the presence of the Accountability Framework mechanisms and the Annual Reports is highlighted as a success factor, the Evaluation flagged that there are not yet institutionalized reporting lines for implementation and follow-up on the recommendations proposed. It further adds that not enough attention has been paid to gender equality or the GAF recommendations by the IASC leadership. More concretely, it recommended that:
  - The IASC should strengthen mechanisms for follow-up to the recommendations from the Gender Accountability Framework (GAF).
  - The IASC should develop a formal management response plan for outlining actions to follow up on the GAF annual recommendations.
  - The IASC principals should review progress on the GAF recommendations while HCTs should ensure that the results of their specific GAF assessments are presented to all in-country stakeholders so that a response's performance on the GAF can reach in-country humanitarian actors in real time

Future iterations of the IASC Workplan should ensure gender equality and the empowerment of women is prioritized as a cross-cutting issue across all strategic priorities.

Gender equality and the empowerment of women and girls must be an imperative cross-cutting theme across all IASC structures at the global level (IASC Principals, OPAG, EDG, RGs and Entities Associated with IASC, and field support structures; HCTs, ICCGs and clusters.

- There has been a notable improvement in the extent to which the gender commitments of the IASC policy are reflected in official Principals outputs – rising from 33% both in 2018 and 2019, to 77% in 2020.
- As noted by the IAHE gender evaluation, the IASC is still missing specific gender capacity at the decision making level to ensure consistent integration of and attention to gender across all of the IASC's structures at the global level.

## GENDER REFERENCE GROUP

The GRG should establish a working group to review and undertake future Gender Accountability Framework reports, taking into account the findings and recommendations of the IAHE on GEEWG.

- This iteration of the Gender Accountability Framework report was developed with the support and input from a Working Group made up of GRG member agencies, namely Save the Children, Women's Refugee Commission, Oxfam, International Rescue Committee, the Gender Capacity Standby Project, the IASC Secretariat, and UN OCHA.

The GRG should support OCHA to further mainstream gender into Emergency Response Plans.

- The intended purpose of the GRG's Covid 19 Gender Alert included acting as advisory resource for the IASC, OCHA and other coordinating bodies in the formulation of global and localized pandemic response plans.

## HUMANITARIAN COORDINATORS, HUMANITARIAN COUNTRY TEAMS AND CLUSTERS

Clusters should make efforts to promote more robust gender analysis including impacts on marginalized groups such as adolescent girls, women and girls with disabilities, and ensure consistency between identified needs and response plans.

- There was a noted increase in the number of HNOs that utilized both gender analysis and sex and age disaggregated data, with 55% of analyzed country contexts using both in HNOs, compared to 45% and 47% in past two years respectively.

HCTs and Country Based Pooled Funds Advisory Groups at country level should facilitate access to humanitarian funds to local women's

organizations to build capacity and to enable engagement with the processes of humanitarian coordination and planning.

HCTs and ICCG should develop a framework/process to ensure sustained engagement of women's organization within the planning process and coordination architecture, in particular women's meaningful participation in decision making.

- Whilst not decided at the country level, the UN Central Emergency Fund released \$25 million to UNFPA and UN Women with a requirement that at least 30 per cent of the funding be channeled it to women led or women's rights organizations run by women that prevent violence against women and girls, and help victims and survivors with access to medical care, family planning, legal advice, safe spaces, mental health services and counselling.

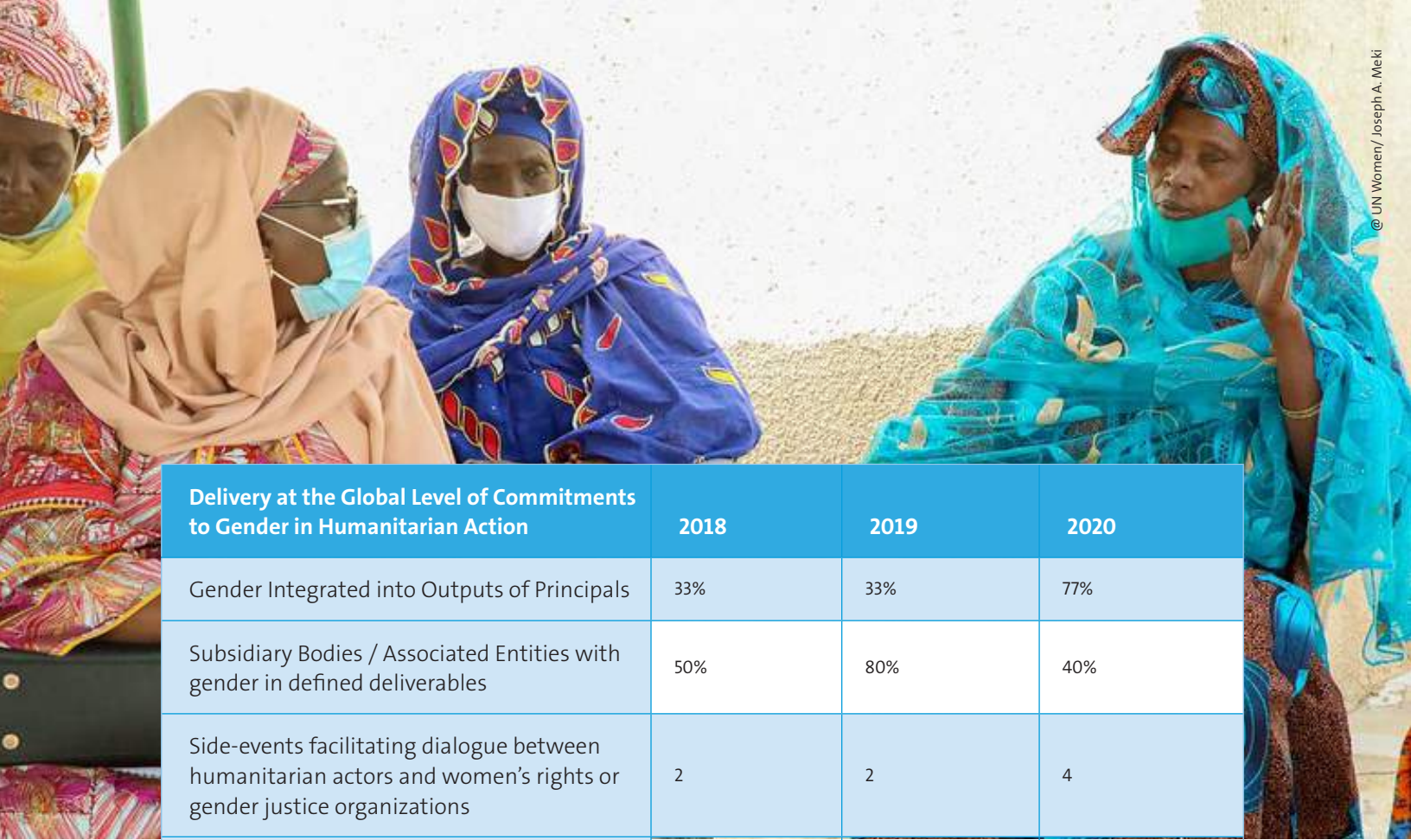


@ UN Women/Chérif Khoury



# Delivery at the Global Level of Commitments to Gender in Humanitarian Action

(Principals, Operational Policy and Advisory Group, Emergency Directors Group, Subsidiary Bodies, Global Clusters)



@ UN Women/ Joseph A. Meki

Delivery at the Global Level of Commitments to Gender in Humanitarian Action	2018	2019	2020
Gender Integrated into Outputs of Principals	33%	33%	77%
Subsidiary Bodies / Associated Entities with gender in defined deliverables	50%	80%	40%
Side-events facilitating dialogue between humanitarian actors and women’s rights or gender justice organizations	2	2	4
OPAG Results Groups complying with the standards of the Gender Policy		20%	20%

**Percentage of outputs endorsed by the Principals which are consistent with the commitments of the gender policy**

(2018: 33 percent; 2019: 33 percent; 2020: 77 percent)

In 2020, a total of 22 outputs were endorsed by the IASC Principals. This marked increase in the number of outputs published with endorsement by the IASC Principals pertained to guidance, and procedures relating to the COVID-19 pandemic in 2020. The list of outputs primarily comprised of technical notes, guidance, joint statements, and key messages and about 80 percent of outputs specifically focused on adaptation to the COVID-19 pandemic.

17 of the 22 (77 percent) outputs published by the IASC Principals in 2020 included some reference to gender equality and the empowerment of women and girls. This is a noteworthy improvement in the attention to gender in the outputs delivered by the highest level of the IASC. Reference to the [IASC Gender Alert for COVID-19](#) issued immediately following the declaration of the pandemic, as seen in multiple outputs endorsed by the Principals, suggests that the resource made

a meaningful contribution in facilitating improved attention to gender in global technical guidance notes.

Two of the 22 outputs were statements directly issued by the Principals Group: A Statement on Yemen and a Statement on Racism and Racial Discrimination in the Humanitarian Sector. While the Statement of Yemen notes some of specific needs experienced by women and girls, the latter Statement does not include any reference to gender or intersectionality. Neither statement refers to the capacities and leadership of women and girls.

Among the 17 outputs that were tagged as having included some reference to gender, the vast majority pointed to the specific impacts experienced by women and girls while also highlighting the need to enable their participation and leadership in the response.

## Number of IASC bodies that receive the final endorsed Accountability Framework report with relevant recommendations highlighted.

The 2018 Gender Accountability Framework Report, developed in 2019, was endorsed by the IASC and subsequently disseminated via the IASC Secretariat to all IASC bodies in 2020. The 2019 Gender Accountability Framework Report, developed in 2020, was similarly endorsed and disseminated in 2021. The dissemination included a direct message from the Emergency Relief Coordinator to all IASC Principals, the IASC Deputies Forum, OPAG, the Emergency Directors Group, and other entities within the IASC.

The Accountability Framework Reports and the process involved was also highlighted in the [Inter-Agency Humanitarian Evaluation \(IAHE\) on Gender Equality and the Empowerment of Women and Girls](#). While the presence of the Accountability Framework mechanisms and the Annual Reports is highlighted as a success factor, the Evaluation flagged that there are not yet institutionalized reporting lines for implementation and follow-up on the recommendations proposed. It further adds that not enough attention has been paid

to gender equality or the GAF recommendations by the IASC leadership. More concretely, it recommended that:

- The IASC should strengthen mechanisms for follow-up to the recommendations from the Gender Accountability Framework (GAF).
- The IASC should develop a formal management response plan for outlining actions to follow up on the GAF annual recommendations.
- The IASC principals should review progress on the GAF recommendations while HCTs should ensure that the results of their specific GAF assessments are presented to all in-country stakeholders so that a response's performance on the GAF can reach in-country humanitarian actors in real time
- Future iterations of the IASC Workplan should ensure gender equality and the empowerment of women is prioritized as a cross-cutting issue across all strategic priorities.

## Percentage of IASC associated entities which include gender equality and the empowerment of women and girls as a central aspect within its defined deliverables (2018 - ; 2019 – 80 percent; 2020: 40 percent)<sup>4</sup>

Progress reports of five IASC associated entities were reviewed: Global Cluster Coordination Group, Gender Reference Group, Mental Health and Psychosocial Support Group, Inter-Agency Humanitarian Evaluations Steering Group, and Humanitarian Programme Cycle Steering Group). Of the five associated entities, only progress reports from the Gender Reference Group and the Inter-Agency Humanitarian Evaluation Steering Group display any concrete integration of gender in its key deliverables.

The Gender Reference Group remains the only dedicated space within the IASC at the global level focused on gender equality and the empowerment of women. All its deliverables in 2020 focused on advancing GEEWG in humanitarian action. The IAHE's Evaluation on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action was a key area of work from the group across 2020. The Evaluation assessed the progress on the operationalization of the IASC GEEWG agenda and presented best practices and recommendations to further mainstream GEEWG into humanitarian action.

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4 As self-assessment surveys were not completed for the 2020 period, this data is based on a desk-review conducted by the Gender Desk Working Group. In previous years, the data was based on responses from the relevant IASC bodies as relayed through the self-assessment surveys.

*The 2020 IAHE Evaluation presented crucial findings and recommendations to the IASC with regards to Gender Equality and the Empowerment of Women and Girls in Humanitarian Action. A snapshot of key findings and recommendations is highlighted below:*

Overview of Findings	Key Recommendations
There has been progress in integrating GEEWG issues into IASC humanitarian responses since 2017, especially in protracted crises.	Strengthen gender equality expertise in sudden onset emergency response
On the other hand, at the outset of humanitarian operations, nearly all humanitarian responses tend to be gender blind, although this does improve overtime.	
Women’s meaningful influence on decision making, especially at the higher levels, remains limited in both protracted and sudden onset emergency responses.	Strengthen meaningful participation of women in humanitarian decision making
While there has been observed progress on GEEWG implementation, gaps in country level gender expertise and coordination thwart efforts to support and sustain it.	Increase HCTs access to strategic and technical expertise on GEEWG
There is no clear “home” for GEEWG issues in the IASC.	Improve IASC strategic planning and monitoring of gender results outcomes
	Strengthen global leadership and capacity for gender
In order for GEEWG to be sustainably realized, existing accountability mechanisms must be better utilized and leveraged.	Enhance management response to Gender Accountability Framework report Enhance accountability for GEEWG action
Achieving GEEWG requires adequate funding	Improve tracking of GEEWG resources and expertise

Key output documents published by the Associated Entities were also reviewed. Outside of the outputs endorsed by the Principals, five additional outputs were released by Associated Entities in 2020. Three were developed by the IAHE and all demonstrated at least

some level of gender mainstreaming. In addition to the IAHE Evaluation on GEEWG in Humanitarian Settings, the group also conducted an evaluation of the Drought Response in Ethiopia and of the Response to Cyclone Idai in Mozambique. While both demonstrate some



attention to gender, it was noted that gender could have been more systematically integrated in the latter evaluation on Mozambique. The remaining two outputs were issued by MHPSS Group. While the first output on 'Basic Psychosocial Skills' had some reference to women and girls impacted by COVID-19, the document made no mention of their leadership in communities and beyond, nor of consulting them in decision-making processes.

The second output was a storybook, 'My Hero is You' and was not reviewed for the purpose of this exercise.

Beyond the Gender Reference Group and the IAHE, the remaining three associated entities did not demonstrate attention to gender in its progress reports despite the clear and urgent relevance for mainstreaming gender across thematic priorities.

### Gender Reference Group hosted side-events at global humanitarian themed events in which the GRG facilitated dialogue between humanitarian actors and women's rights or gender justice organizations

(2018: 2; 2019: 2; 2020: 4)

The GRG cohosted four events in 2020. Together with Global Affairs Canada, the GRG cohosted an event to discuss the findings and recommendations of the Interagency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women and Girls, the first system wide evaluation on women and girls in emergencies. Targeting member states and donors, the event aimed to rally strategic support and resourcing for gender equality.

The GRG partnered with Canada, UN OCHA, Oxfam, the Women's Refugee Commission to dialogue on feminist principles and framework for humanitarian action, dovetailing on the report "Understanding Past Experiences to Strengthen Feminist Responses to Crises and Forced Displacement" produced by the WRC.

This theme of 'feminist humanitarian action' was continued in a GRG event at the Humanitarian Networks

Partnerships, bringing together GRG members, women led and women's rights organisations and activists for robust discussion on gender transformative humanitarian action, discussing trends, challenges and developments on gender and feminist approaches to promote in humanitarian action. The dialogue was extremely engaging and well received, with recommendations that the GRG should convene more regular strategic policy discussions.

For the ECOSOC Humanitarian Affairs Segment, the GRG mobilized partners to prepare an event on women's leadership in humanitarian action, sponsored by the ECOSOC HAS Vice President, elevating the event to high level event status, and ensuring that gender equality and women's participation in decision making were given prominence and due consideration in humanitarian policy discussions at ECOSOC.



**Percentage of IASC OPAG Result Groups which make specific reference to measurable gender equality and the empowerment of women and girls’ activities and/or have demonstrated mainstreaming of gender equality and the empowerment of women and girls in policies, operational guidance, TORs, objectives, annual work plans and any other relevant document**

As was the case in 2019, only activities under Results Group 2 (Accountability & Inclusion) suggested compliance with the IASC Gender Policy.

Under RG2, gender is understood as a thematic area in relation to inclusion. There is also a dedicated reference to promoting the use of the Gender with Age Marker in humanitarian projects. Other references suggesting attention to gender include efforts to improve technical and coordination support to better address PSEA and development of guidance in relation to GBV.

Outside of RG2, the work of the OPAG largely remains devoid of gender considerations-. Under RG1 (Collective Outcomes), it is suggested that ‘gender’ alongside other factors be factored in relation to ‘greater operational specificity.’ This reference is added only in the ‘reprioritization process’ with respect to COVID-19. There is also passing reference to improving the gender

balance of the pool of candidates for senior leadership. RG1 discusses a focus on localization but does not include any reference to women-led or women-rights organizations.

Under RG4 (Humanitarian Development Collaboration), there were several areas which would have benefitted from a specific attention to GEEWG given the centrality of it in working across the nexus. Under the activities to identify good practices and developing a conception of ‘what success looks like’ in nexus programming, the absence of a gender focus is a missed opportunity.

Overall, the limited attention to gender in the Results Group’s work plan raises the question of whether the integration of gender seen in technical guidance materials endorsed by the Principals are not being captured at the working and coordination levels.



# Support From the Global Level to the Field

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



Support from the Global Level to the Field	2018	2019	2020
IASC working group and EDG / RGs	100%	78%	60% <sup>5</sup>
P2P project	0%	50%	50%
Global clusters with gender focal points	60%	33%	
AWPs of global clusters	40%	67%	

### IASC-led coordination and pooled funding mechanisms include gender equality and the empowerment of women and girls requirements

To address the persistent funding shortages to address gender based violence, in November 2020, the Emergency Relief Coordinator approved for the UN Central Emergency Fund to release \$25 million to the UNFPA and UN Women with a requirement that at least 30 per cent of the funding be channeled to women led or women’s rights organizations run by women that prevent violence against women and girls, and help victims and survivors with access to medical care, family planning, legal advice, safe spaces, mental health services and counselling.

Additionally, the CERF Underfunded Emergencies Window allocated \$100 million for 10 countries with an earmarked amount of \$5.5mil for GBV priorities; the allocation included \$30million allocated to Yemen, addressing exclusively specific issues of women and girls, including public health. Following country-level prioritization exercises, the total amount allocated by country operations to GBV-related programming increased from the \$5.5million earmarked to \$22.5million, including indirect GBV outcomes under the Health sector.

5 As self-assessment surveys were not completed for the 2020 period, this data is based on a desk-review conducted by the Gender Desk Working Group. In previous years, the data was based on responses from the relevant IASC bodies as relayed through the self-assessment surveys.

## Relevant IASC policies, directives and operational guidance documents – as signed off by the OPAG or EDG - are consistent with the policy commitments to gender equality and the empowerment of women and girls in humanitarian action.

In 2020, five outputs were endorsed by the OPAG. Of these, three demonstrate compliance with the standards of the Gender Policy by recognizing the specific impacts of the crisis on women and girls while also making provisions to enhance and harness

their leadership and participation. The remaining two documents display a passing reference to gender – either referring to women and girls among vulnerable groups or by including gender as a factor, among others, to be considered without any concrete provisions.

## TORs for Operational Peer Reviews and Peer to Peer Missions address relevant gender policy commitments

(2018 – 0 percent; 2019 50 percent - Mozambique; 2020: 50 percent - Libya)

In 2020, the Peer-to-Peer Support Group facilitated one Support Mission to Libya (conducted remotely) and one Operational Peer Review which covered the Ebola Virus Disease (EVD) Response in the Democratic Republic of Congo.

The ToR for the Support Mission to Libya made note of the prevalence of gender-based violence in the Libyan humanitarian context but did not make any further references to the gendered impact of the crisis. The scope of the ToR included specific attention to whether existing “coordination structures were conducive to mainstreaming of PSEA, AAP, Protection and Gender in the humanitarian response.” The ToR also notes the need for a gender-balance within its own mission team. While there is a reference to consulting NGOs, it is not clear whether this included any women-led or women’s rights organizations. Overall, the integration

of some gender concerns in the ToR is welcomed with the recognition that opportunities for further mainstreaming of gender remains.

The ToR for the Operational Peer Review on the Ebola Response in DRC only included one reference to gender which was combined with “diversity and inclusion” and a reference to PSEA. Despite widespread documented evidence of the disproportionate impact of the Ebola outbreak on women and girls and the critical leadership roles women have taken on in their communities during the public health response, the ToR does not recognize the gendered implications of the crisis, nor does it specify the importance of including women-leaders and women’s groups in their consultations. Unlike the ToR for the Support Mission to Libya, this ToR does not include any specification regarding the gender balance of the mission team.



# Delivery at the Field Level

(Humanitarian coordinators, Humanitarian Country Teams, and Clusters)

Delivery at the Field Level	2018	2019	2020
Use of SADD and Gender analysis in HNOs	45%	47%	55%
Provisions for women’s economic empowerment in HRP	60%	60%	63%
Provisions for sexual and reproductive health in HRP	70%	75%	92%
Provisions to mitigate and respond to GBV in HRP	65%	85%	94%
Direct consultations with local women’s organizations	56%	61%	68%
Presence of Gender Reference/Working Groups	44%	43%	81%
Presence of Gender Advisors	15%	13%	19%
Implementation of plan on GEEWG by HCT	16%	21%	7%
Joint gender analyses	20%	25%	78%

**HNOs use SADD in at least 50% of the sector/clusters.**

(2018 – 55%; 2019 –53%; 2020 – 64%)

**HNOs demonstrate gender analysis by identifying the differentiated impact on affected women, girls, men and boys in the crisis narrative outline.**

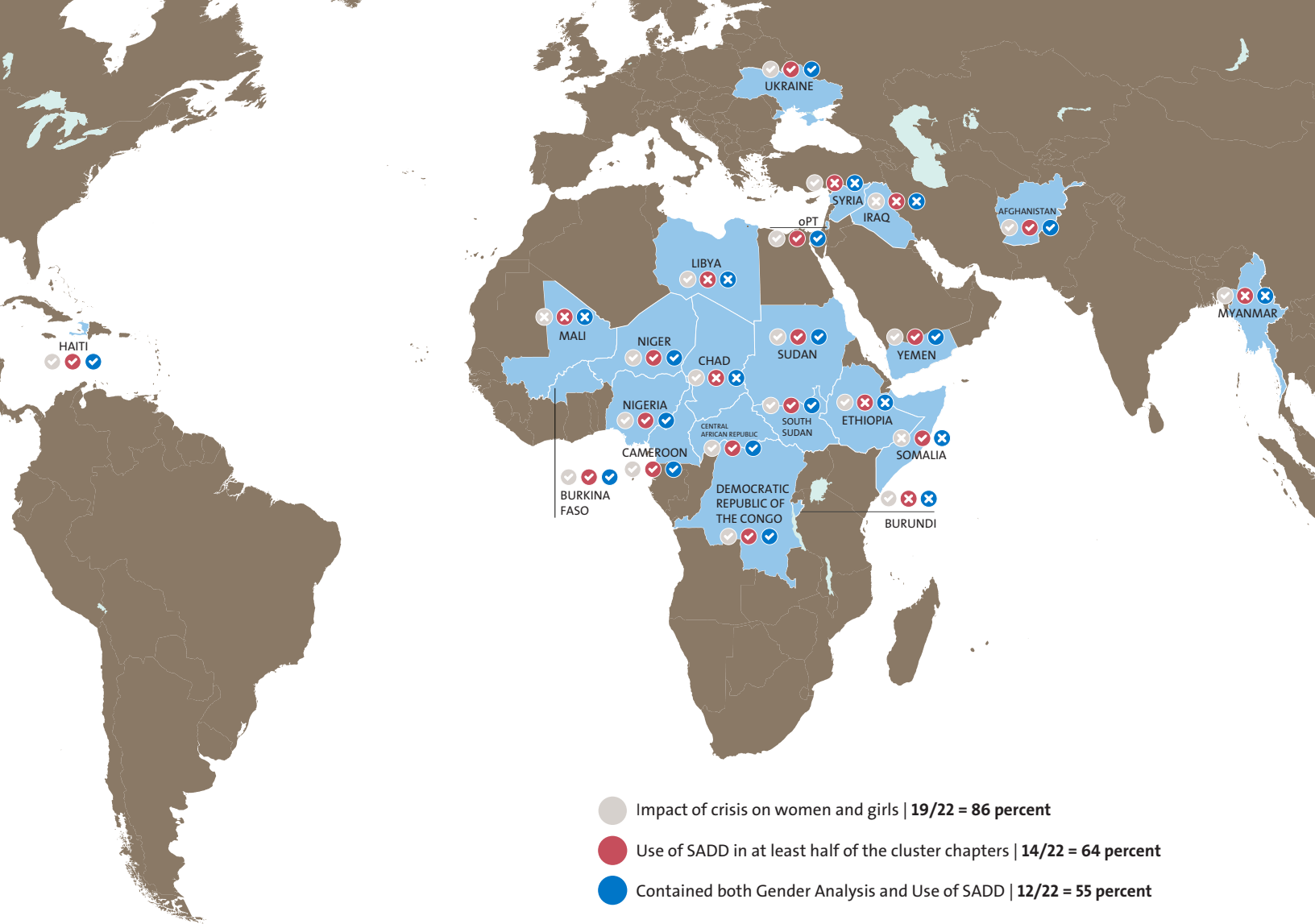
(2018 – 90%; 2019 –68%; 2020 – 86%)

**HNOs with SADD and gender analysis:**

(2018 – 45%; 2019: 47%; 2020: 55%)

Of the 22 Humanitarian Needs Overviews (HNOs) developed by Humanitarian Country Teams for the 2021 period, 55 percent (12 of 22) identified the gendered impacts of the crisis (beyond protection and reproductive health) *and* demonstrated some use of sex and age disaggregated data in at least half of the cluster chapters covered. While this is an increase in the number of HNOs integrating compared to previous

years (when only 45 percent and 47 percent of HNOs did so respectively in 2018 and 2019), there remains a significant scope for improvement. Two HNOs (Iraq and Mali) did not meet either criterion. Furthermore, across HNOs, attention to the specific impact of crises on girls is even more limited. Where they are referred to, they are often grouped together either with women, or grouped under children.



**Reference to the gendered impacts of the crisis:** 86 percent (19/22) of HNOs identified the specific impact of the crisis on women, girls, men, and/or boys by going beyond protection and reproductive health needs. This is consistent with 2019 performance, when, similarly, 89 percent of HNOs identified the gendered impacts of the crisis.

The quality of gender analysis varied across HNOs. On one hand, the HNO for Afghanistan clearly articulated the specific needs of diverse women and girls, including those of women-headed households, women and girls with disabilities, pregnant and lactating women, and the specific challenges and risks faced by girls. Covering a wide array of needs, the HNO drew attention to women’s and girls’ increased care burden, heightened risk of GBV, nutritional needs, further reduction in access to and control over already limited resources, and health needs spanning from psychosocial care to sexual and reproductive concerns. Notably, the HNO also

acknowledges that hard-won gains in women’s rights could be a casualty of the peace process which was envisioned in 2021. On the other hand, HNOs developed in Somalia and Iraq overlook the specific needs and challenges experienced by women and girls in those contexts and limit their attention to passing references of gender-based violence and reproductive health.

**Use of Sex and Age Disaggregated Data:** 64 percent (14 of 22) of 2021 HNOs demonstrated some use of sex and age disaggregated data in at least half of the included clusters/sectors. This reflects an improvement compared to previous years which saw only a little over 50 percent of HNO doing so. Of the 14 HNOs which met this minimum criteria, six utilized sex and age disaggregated data in all cluster chapters, marking another notable improvement compared to only two 2020 HNOs doing so.

- Afghanistan, CAR, Nigeria, oPt, and Sudan comprise four crisis-settings that have produced HNOs demonstrating gender analysis and use of SADD



consistently across three years since the launch of the IASC Gender Policy.

- Cameroon and Haiti serve as positive examples of improvement by demonstrating gender analysis and use of SADD in 2020.

Six HNOs (Burundi, Chad, Ethiopia, Libya, Myanmar, Syria) which referred to the gendered impacts of the crisis in the ‘Highlights Impact’ section of the HNOs but did not reflect use of SADD in at least half of the active clusters raises the question whether gender analysis – if not grounded with data-driven evidence

in the priorities of the individual clusters – will be subsequently integrated in the clusters’ activities.

A breakdown of the use of SADD in clusters across the 22 HNOs reveals that 100 percent of Nutrition cluster chapters demonstrated some use of SADD. Education, Food Security, Health, Nutrition, and WASH cluster chapters show an overall improvement in how often SADD is utilized. However, CCCM, Early Recovery/Livelihoods, Protection, Shelter/NFI cluster appear to utilize SADD in fewer HNOs in comparison to the previous year.

CLUSTER	% of clusters using SADD	CCCM	Education	Early Recovery + Livelihoods	Food Security	Health	Nutrition	Protection	Shelter + NFI	WASH	Refugee & Migrant Multi-sector
HNO											
Afghanistan	100%		✓		✓	✓	✓	✓	✓	✓	6
Burkina Faso	57%		✗		✓	✓	✓	✓	✗	✗	
Burundi	43%		✓		✗	✗	✓	✓	✗	✗	
Cameroon	56%		✓	✗	✓	✓	✓	✓	✗	✗	
CAR	100%		✓		✓	✓	✓	✓	✓	✓	
Chad	38%	✗	✗		✗	✓	✓	✓	✗	✗	
DRC	75%		✓		✗	✗	✓	✓	✓	✓	✗
Ethiopia	38%		✓	✗	✓	✗	✓	✗	✗	✗	
Haiti	100%		✓		✓	✓	✓	✓	✓	✓	
Iraq	0%	✗	✗	✗	✗	✗		✗	✗	✗	

6 Empty entries indicate that this cluster was not included in the corresponding HNO

CLUSTER	% of clusters using SADD	CCCM	Education	Early Recovery + Livelihoods	Food Security	Health	Nutrition	Protection	Shelter + NFI	WASH	Refugee & Migrant Multi-sector
Libya	33%		✓		✗	✗		✓	✗	✗	
Mali	43%		✓		✗	✗	✓	✓	✗	✗	
Myanmar	14%		✗		✗	✗	✓	✗	✗	✗	
Niger	71%		✓		✗	✓	✓	✓	✓	✗	
Nigeria	67%	✗	✗	✓	✓	✓	✓	✓	✗	✓	
oPt	83%		✓		✓	✓		✓	✗	✓	
Somalia	88%	✓	✓		✗	✓	✓	✓	✓	✓	
South Sudan	100%	✓	✓		✓	✓	✓	✓	✓	✓	
Sudan	100%	✓			✓	✓	✓	✓	✓	✓	
Syria	33%	✗	✗	✗	✓	✓	✓	✗	✗	✗	
Ukraine	100%		✓		✓	✓		✓	✓	✓	
Yemen	67%	✗	✓		✗	✓	✓	✓	✗	✓	✓
		38%	71%	20%	55%	68%	100%	82%	41%	50%	50%



55% of all HNOs utilized SADD and underscored the impact of the crisis on women and girls. Where Gender Working Groups were active, 69% of HNOs did so.

## Provisions for economic empowerment, SRH, and addressing GBV in Humanitarian Response Plans

Priority Areas	Economic Empowerment and Livelihoods	Sexual and Reproductive Health	Gender-Based Violence	Provisions for all three priorities
HRP				
Afghanistan	✓	✗	✓	✗
Burkina Faso	✗	✓	✓	✗
Burundi	✗	✓	✓	✗
Cameroon	✓	✓	✓	✓
CAR	✓	✓	✓	✓
Chad	✓	✓	✓	✗
Colombia	✓	✓	✓	✓
DRC	✗	✓	✓	✗
Ethiopia	✗	✓	✓	✗
Haiti	✗	✓	✓	✗
Iraq	✓	✓	✓	✓
Libya	✗	✓	✓	✗
Mali	✓	✓	✓	✓
Myanmar	✓	✓	✓	✓
Niger	✗	✓	✓	✗
Nigeria	✓	✓	✓	✓
oPt	✓	✓	✓	✓

Priority Areas	Economic Empowerment and Livelihoods	Sexual and Reproductive Health	Gender-Based Violence	Provisions for all three priorities
HRP				
Pakistan	✓	✓	✓	✓
Somalia	✓	✓	✓	✓
South Sudan	✓	✓	✓	✓
Sudan	✓	✓	✓	✓
Ukraine	✓	✗	✗	✗
Venezuela	✗	✓	✓	✗
Yemen	✓	✓	✓	✓
	<b>63%</b>	<b>92%</b>	<b>96%</b>	<b>54%</b>



54% of all HRPs included provisions to implement the three cross-cutting areas of gender priorities (economic empowerment, gender-based violence, and sexual and reproductive health). In settings with active gender working groups, 85% - a notably higher percentage – of HRPs did so.

### Percentage of HRPs which specify action that targets livelihoods, economic empowerment and/or employment for women and girls.

(2018 – 60%; 2019 – 60%; 2020 – 63%)

63 percent (15 of 24) of reviewed HRPs included provisions to support the livelihoods, economic empowerment and/or employment of women, indicating a small improvement from 60 percent in 2019. In HRPs where a dedicated Livelihoods chapter was not present, references to support for livelihoods were mostly linked to the Food Security chapter. A few HRPs also referenced income generation activities and cash-based programming as part of the WASH or CCCM chapters. Among the 13 HRPs which specified any action targeting the livelihoods, economic

empowerment and/or employment of women, most did so in reference to female-headed households, survivors/victims of GBV, and/or households with pregnant and lactating women. The level of attention to gender-responsive livelihoods activities varied widely. The Myanmar HRP provided specifics on targeted efforts to enhance livelihood opportunities with particular attention to the challenges of women, women-headed households, adolescent girls, and committed to prioritize households with pregnant and lactating women. Notably, the HRP integrated plans to

promote gender-transformative and non-household-based activities through a consultative approach to advocate for women's economic empowerment, resilience, and self-reliance. In contrast, while other HRP, such as the one from Iraq, allude to prioritizing women and female-headed households in cash-based

interventions, no details on how this will be done or the specific barriers they face are not acknowledged. Even among HRP referring to gender-responsive action on livelihoods and economic empowerment in the narrative, few appear to utilize SADD in their monitoring plans.

### Percentage of HRP which include specific provisions for SRH for women and girls, beyond MCH. (2018 – 70%; 2019 – 75%; 2020 – 92%) –

### Percentage of HRP which include specific provision for SRH for adolescent youth (2018 - ; 2019 – 10%; 2020: 25%)

92 percent (22 of 24) of reviewed HRP specify some provision of sexual and reproductive health, marking a notable improvement in comparison to 75 percent in the previous year. In many cases, the reference to provision of SRH is specific to survivors/victims of GBV. While this focus is welcome, planned SRH services should not be limited to survivors/victims of GBV. It is expected that all humanitarian responses adhere to the standards and provisions set within the Minimum Initial Services Package (MISP), the agreed set of

prioritized and coordinated lifesaving SRH services for crisis settings to prevent excess sexual and reproductive health-related morbidity and mortality. Only six of the reviewed HRP specifically refer to plans to ensure the provisions set out within the MISP. Whilst only six of the reviewed HRP included any provision to address the sexual and reproductive health of adolescent youth, including girls, this demonstrates a continued increase in HRP over previous years.

### Percentage of Humanitarian Response Plans which make provisions to mitigate and respond to GBV (2018 – 65%; 2019 - 85%; 2020 - 96%)

96 percent (23 of 24) of HRP reviewed include strategies that address both the mitigation of and response to GBV. Only one HRP (Ukraine) did not provide specifics on any activities to prevent or mitigate the risk of GBV. It is noteworthy that a few HNOs (Cameroon and Pakistan) also draw attention to provisions for sexual and gender minorities and (Somalia) for persons with disabilities. As expected, in most HRP, the provisions to mitigate and response to GBV came under the priorities of the GBV sub-cluster. However, in a few HRP, WASH, Health, and Shelter also recognized the need for cluster-specific activities to mitigate risks of GBV.

Priority interventions presented in the South Sudan and Cameroon HRP serve as best practices. Activities

in South Sudan include community engagement, awareness-raising, and primary prevention programmes to transform harmful social norms contributing to gender inequality while also seeking to integrate survivor support across sectors and by providing psychosocial, legal, and livelihood support, GBV case management services, establishing and strengthening GBV referral systems, providing capacity building for frontline workers, and implementing Women and Girls Friendly Space (WGFS) programming. The regular safety audits planned in the Cameroon HRP for the use of clusters to mitigate GBV risks in their respective operations is another best practice.

## Efforts by Humanitarian Country Teams to implement the IASC Gender Policy

Crisis Context	Consultation with local WROs to input to HPC	Active Gender Working Groups	Appointed Gender Capacity for technical support <sup>7</sup>	Action plan for GEEWG	HCT AWP with GEEWG	Joint Gender Analysis
Afghanistan	✓	✓	⚠ (other) <sup>8</sup>	✗	✓	✓
Cameroon	✓	✓	✓	✓	✓	✓
CAR		✓	✗	✗	✗	✗
Colombia	✓	✓	✗	✗	✓	✓
DRC	✓	✗	⚠ (other)	✗	✓	✓
Eritrea	✓	✓	⚠ (other)	✗	✓	✓
Ethiopia	✗	✗	✗	✗	✗	✓
Haiti	✓	✗	✗	✗		✓
Iraq	✓	✗		✗	✗	✓
Jordan		✓	⚠ (other)	✗	✓	✓
Lebanon	✓	✓	⚠ (other)	✗	✗	✓
Libya	✓	✗	✗	✗	✓	✓
Mali	✓	✓	✓	✗	✓	✓
Myanmar	✓	✓	⚠ (other)	✗	✗	✓
Niger	✗	✗	✓		✗	✗

7 Please note that instances of gender expertise being utilized for one-off activities do not contribute towards this indicator

8 Other' indicates that gender expertise was made available through voluntary basis or through a locally negotiated arrangement most often through UN Women or UNFPA

Crisis Context	Consultation with local WROs to input to HPC	Active Gender Working Groups	Appointed Gender Capacity for technical support <sup>7</sup>	Action plan for GEEWG	HCT AWP with GEEWG	Joint Gender Analysis
Nigeria	✓	✓	✗	✓	✗	✓
Pakistan		✓	✓ (other)	✗	✓	✗
Palestine	✓	✓	✓ (other)	✗	✗	✓
Philippines	✓	✓	✗	✗	✗	✓
Somalia	✓	✓	✓ (other)	✗	✓	✗
South Sudan	✓	✓	✓ (other)	✗	✓	✓
Sudan	✗	✓		✗	✗	✗
Syria Regional	✗	✓	✓ (other)	✗	✗	✓
Syria		✓	✓	✗	✓	✓
Ukraine	✓	✓	✗	✗	✗	✓
Venezuela	✓	✗	✗	✗		✓
Yemen	✗	✓	✓	✗	✗	✗
Zimbabwe	✓	✓	✓	✗	✓	✓
	<b>68%</b>	<b>81%</b>	<b>19%</b> (with appointed Gender Capacity across all 31 contexts <sup>7</sup> excluding 'other' arrangements.)	<b>7%</b>	<b>50%</b>	<b>75%</b>



@UN Women/Ryan Brown

**Percentage of humanitarian planning processes which include direct consultations with local women’s rights organizations and integrate their inputs (2018 – 56%; 2019 – 61%; 2020 – 68%)**

Responses from 28 IASC crisis settings indicate 68% (19 of 28) that there was at least one consultation with local women’s organizations to inform the formal humanitarian planning process.

In a number of cases, the consultations were conducted directly through the in-country clusters/sectors (Zimbabwe, Ukraine, South Sudan, Philippines, Nigeria,

DRC), but in the case of DRC and Ukraine, this was limited to the Protection Cluster and/or GBV sub-cluster. In Libya and the Philippines, it was noted that local women’s organizations are directly represented in the HCT itself. In the case of Eritrea, the consultations were limited to the COVID-19 response.

**Percentage of countries with HCs have a functioning Gender Reference/Working Group, which meets on a regular basis (2018 – 44%; 2019 – 43%; 2020 - 81%)**

In 2020, of the 26 countries that reported on it, 21 (81%) had functioning humanitarian Gender Working Groups (GWGs), or their equivalent. Of these, Syria Regional, Yemen, South Sudan and the Philippines reported that

they had no contact with the HCT. In the case of Syria Regional and Yemen, it was reported that they intended to address this in 2021. Similarly, Niger reported that the intention was to establish a GWG in 2021.



## Percentage of IASC managed country contexts which have appointed senior Gender Capacity for technical support

(2018: 15%; 2019: 13%; 2020 - 19%)

Of the 31 active crisis contexts under the IASC in 2020, fifteen locations hosted GenCap experts. Six crisis-contexts of the 31 received support from a GenCap for at least six months in 2020 (Cameroon, Mali, Niger, Syria, Yemen and Zimbabwe). Thirteen deployments continued into 2021 as part of the project's efforts to provide longer term support in line with the GenCap reforms of 2020. UN OCHA hosted the highest number of GenCap experts, as a means to ensure inter-agency

nature of the project, followed by UN Women and UNDP in 2020.

UN Women continued to extend advisory capacity in nine locations (Myanmar in partnership with UNFPA, Lebanon, Jordan, oPt, Pakistan, Somalia, Haiti, Afghanistan, and for Syria Regional in partnership with UNFPA, CARE, and UNHCR) on a voluntary basis or through a locally negotiated arrangement.

## Percentage of HCTs which have prepared and implemented a plan on gender equality and the empowerment of women and girls, including strategies for engagement with local women's organisations

(2018 – 16%; 2019 - 21%; 2020 - 11%)

Only Cameroon, Colombia, and Nigeria signified that there was an established HCT level strategic plan for gender equality and the empowerment of women and girls for humanitarian response. In the case of Nigeria, the HCT Gender Strategy aims to address the challenge

of addressing pre-existing and current socio-political, cultural and economic structural gender inequalities which give rise to the extreme vulnerability of women and girls. In Colombia, the 2017-18 Gender Strategy for the HCT remained as the most updated resource.

## Percentage of HC endorsed AWP for the HCT which adequately reflect the standards and commitments of the gender policy

The format of AWPs for the HCTs differ from one country context to the next, with some newly created and other rolling over from versions previously developed. In close to half of the responding contexts, responses suggest that the HC-endorsed AWPs included some reference to gender, gender-based violence or the IASC Gender Policy in particular. However, the extent to which AWPs adequately reflected the standards and commitments

of the IASC Gender Policy remains unclear from responses. In the case of Syria, the HCT endorsed the ToRs in 2020 included explicit reference to the Gender policy. DRC, Pakistan and Syria Regional also noted how gender was integrated into the Covid-19 forward response strategies as adopted by the HCT or their equivalent.

## Number of joint gender analyses produced to input to HNO and HCT plans.

(2018 – 20%; 2019 - 25%; 2020 – 75%)

21 of 28 crisis settings which responded to this question reported conducting gender analyses which contributed to the humanitarian planning process. Compared to 2018 and 2019, this was a significant increase in the number of reported joint gender analysis exercises across all of the analyzed countries. As to be expected with the developments of 2020 and with the clear

gender differentiated impact it had on the affected populations, the vast majority of them (17 of 21) focused on the Covid-19 pandemic. They were intended to inform the national level pandemic response as an addendum to the usual HPC process and crisis context in their respective settings.



# Gender Equality and the Empowerment of Women and Girls in the Response to COVID-19 in Humanitarian Contexts

The fast-paced nature of the COVID-19 response in 2020 exposed the persistent and growing gender inequalities in relation to women and girls accessing humanitarian services, livelihood opportunities and engaging in leadership and decision-making processes. These challenges are also especially pronounced for women with disabilities and older women, who were and continue to be disproportionately affected by the multi-faceted impacts of COVID-19. Early findings and lessons from other responses to health emergencies revealed that:

- The most affected and at-risk women voices and leadership are not being included for an informed and effective COVID-19 humanitarian response.
- Where included in response plans, women and girls are cast as vulnerable victims, with little consideration of their valuable potential contribution as community leaders and mobilizers as was demonstrated in the Ebola and Zika response strategies.
- Social norms and discrimination leading to reduced protection of most affected and at-risk women and girls are not being addressed, especially those that make women and girls more vulnerable to violence and exploitation.
- Erosion of women's livelihoods and resilience and coping capacities.
- Sex and age disaggregated data (SADD) and gender analysis are still not consistently used and analyzed to prioritize gender-based needs, design appropriate responses and impact.

**GLOBAL LEVEL:** The Global Humanitarian Response Plan for COVID-19 was launched on March 25, 2020 to facilitate a coordinated approach in the COVID-19 response in humanitarian settings where communities are already in need of life-saving assistance. Among the guiding principles adopted in the HRP is the need for attention to “gender equality, particularly to account for women’s and girl’s specific needs, risks and roles in the response as care providers, increased exposure to GBV with confinement measures, large numbers of front-line female health workers in the response, and key role as agents at the community level for communication on risks and community engagement.” The HRP recognizes the heightened risk of loss of livelihoods for women, reduced access to health care, and the increased risks

faced by LGBTI persons, and meaningful participation of women in needs assessments and response is also cited as an enabling factor under Strategic Priority 2. The HRP also calls upon UN agencies and international and national NGOs to capitalize on existing local and national capacities in-country, including women and youth-led organizations and organizations of people with disabilities, and engage more robustly with local partners to maintain or scale up their assistance. This recognition is an important first step and marks progress in the humanitarian space.

Despite this analysis, the descriptions of the planned responses per agency did not indicate how the guiding principle relating to gender equality or the other gendered impacts of COVID-19 noted elsewhere in the HRP will inform the response. Under the planned responses, only efforts by UNFPA on gender-based violence services and sexual and reproductive health and by UNICEF on maternal and child health were specified. There were no activities described in the response section to harness the capacities of local women’s groups and organizations; to address the specific needs and vulnerabilities of frontline women responders; to address the spike in care burden borne disproportionately by women and girls; nor to facilitate the participation of women despite it being listed as an enabling factor earlier in the plan.

In March 2020, the IASC Gender Reference Group also published a Gender Alert for the COVID-19 Response. In addition to informing on gendered impacts that have emerged in the COVID-19 health emergency, the document also presented minimum standards for integrating gender equality into preparedness and response planning process, and cluster programme priorities for a gender-integrated response. UN OCHA, UN Women and Care International subsequently hosted a series of webinars on the Gender Alert to guide the response of the IASC.

In comparison to the Global HRP released in March, subsequent iterations of the HRP showed improved gender analysis. In particular, the July update to the Global COVID-19 HRP presented evidence backed by data to highlight how the pandemic was reinforcing gender inequalities and disproportionate toll it was had on women and girls. The HRP specifically focused on the troubling impact the pandemic had on women’s livelihoods, health, and nutrition, and the dramatic increase in gender-based violence. However, as the HRP



itself notes, accelerated efforts for a more predominant role of women as frontline healthcare and social workers in the design of delivery mechanisms and better inclusion in all decision-making and policy spaces to improve health security surveillance, detection, information and prevention mechanisms” were still missing. Further, it reiterates that resources for local women’s organizations remain lacking.

The HRP also recognized that “in many countries, gender, gender-based violence and sexual and reproductive health considerations are still not prioritized at key entry points” and called for the recognition of GBV as an essential service in the COVID-19 national response plans.

Activities ongoing or planned by UNICEF, UNFPA, and UN Women referenced in the HRP specifically refer to addressing the needs of women and girls and leveraging their capacities. Concrete response efforts outside of those planned by these three agencies are however, lacking. While the HRP alludes to the importance of using SADD, only one indicator in the HRP appears to utilize data disaggregated by age and gender.

**COUNTRY LEVEL:** Among the 29 crisis-contexts which responded, 17 contexts report having conducted some form of joint gender analysis that covered the specific impacts of the COVID-19 pandemic on women and girls. In addition, in Venezuela and Myanmar, although no analysis was published, it is reported that the consultations between local women or women’s organizations and humanitarian coordination bodies were organized to reflect the impact of the pandemic on women and girls in humanitarian planning documents. The scope of the gender analysis varied notably, as did the level of collaboration amongst actors and the extent to which findings from the gender analysis were integrated into respective humanitarian planning processes. In settings such as Iraq and DRC, the analysis appears to have focused more on gender-based violence whereas in other contexts, a more comprehensive approach towards gender equality was adopted. In many contexts, gender analyses were conducted under the leadership of UN Women, UNFPA, CARE and/or Oxfam. For instance, in Nigeria, UN Women, CARE International and Oxfam conducted a joint Rapid Gender Analysis in Borno, Adamawa and Yobe States to understand the gender-related and comparative impact of COVID-19 on women, men, boys and girls. The Rapid Gender Analysis was specifically conducted to inform the design, programming, implementation, and monitoring of humanitarian response towards COVID-19.



# Annex I – Accountability Framework Recommendations

## 2018 ACCOUNTABILITY FRAMEWORK RECOMMENDATIONS

### Principals:

- 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 – 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

### OPAG, EDG and Deputies Forum:

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

### Gender Reference Group:

- 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:

- 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.

### IASC Pooled Funding Mechanisms:

- 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.

#### Peer to Peer Missions:

- 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.

#### Global Clusters:

- 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.

#### Use of Gender Analysis and Sex and Age Disaggregated Data:

- 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 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.

#### Women's Economic Empowerment:

- 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.

#### Sexual and Reproductive Health:

- 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.

#### Mitigation and Response to GBV:

- 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.

#### Protection from Sexual Exploitation and Abuse:

- 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.

#### Accountability for Affected Populations:

- 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.

#### Consultations with Local Women's Organizations:

- 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.

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

#### **Humanitarian Country Teams (HCTs):**

- 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.
- HCTs should have longer term dedicated gender expertise, to ensure sustainability.
- 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.
- 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 contain gender component with gender indicators and outcomes.

#### **Gender Working Groups (or equivalent):**

- 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.
- 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.
- 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.



## 2019 ACCOUNTABILITY FRAMEWORK RECOMMENDATIONS

### Principals:

- The Gender Accountability Report for 2019 should be tabled for discussion at the Principal's level to reinforce the collective leadership and accountability required to advance gender equality and the empowerment of women and girls in humanitarian action.
- Future iterations of the IASC Workplan should ensure gender equality and the empowerment of women is prioritized as a cross-cutting issue across all strategic priorities.
- Gender equality and the empowerment of women and girls must be an imperative cross-cutting theme across all IASC structures at the global level (IASC Principals, OPAG, EDG, RGs and Entities Associated with IASC, and field support structures; HCTs, ICCGs and clusters).

### OPAG and Results Groups:

- The Gender Reference Group takes the initiative to strengthen collaboration with the IASC Results Groups to further mainstream gender across Results Groups outputs.
- GRG to work closely with the OPAG to support in implementation of the Gender Accountability Framework Report's recommendations, where appropriate.

### Gender Reference Group:

- The GRG, on behalf of the IASC, should be designated its own standing side-event slot at ECOSOC HAS to facilitate presentation and debate on key gender equality and the empowerment of women and girl's issues.
- The GRG should establish a working group to review and undertake future Gender Accountability Framework reports, taking into account the findings and recommendations of the IAHE on GEEWG.
- GRG to collaborate with the RGs and ensure that they participate in RG discussions and contribute to policies and normative work produced by the RGs.

- The GRG should support OCHA to further mainstream gender into Emergency Response Plans. The criteria required to endorse an Emergency Preparedness Plan should include minimum standards for ensuring adequate gender considerations in assessment, consultation, inclusion, planning, implementation and M&E.

### HPC Steering Group:

- OCHA in collaboration with IASC members critically explore systems and ways to more accurately and timely track funding for all gender equality programming, including pooled funding mechanisms.

### Global Clusters:

- The GCCG should encourage all global clusters to nominate a gender focal point internally as a first step towards ensuring that gender is consistently mainstreamed in the work of the field clusters.
- Strengthen engagement and collaboration between Global Clusters and GRG with regular information sharing, briefings, and exchange regarding obligations and commitments contained in the IASC Gender Policy and Accountability Framework.
- OCHA, Cluster Lead Agencies, GCCG should promote the application of the IASC Gender Age Marker (GAM) as a mandatory project design and monitoring tool for all humanitarian interventions.
- Cluster lead agencies and global clusters should explore options to provide and/or facilitate access to resources and funding for sustainable technical gender expertise to support with integrating gender in responses.

### HCs, HCTs and Clusters:

- Clusters should make efforts to promote more robust gender analysis including impacts on marginalized groups such as adolescent girls, women and girls with disabilities, as well as LGBTI individuals, and ensure consistency between identified needs and response plans.

- HCTs and Country Based Pooled Funds Advisory Groups at country level should facilitate access to humanitarian funds to local women's organizations to build capacity and to enable engagement with the processes of humanitarian coordination and planning.
- HCTs and ICCG should develop a framework/process to ensure sustained engagement of women's organization within the planning process and coordination architecture, in particular women's meaningful participation in decision making.
- HCs and HCTs should ensure consistency between needs identified in the gender analysis findings outlined in the HNO with the final prioritized response plans. This includes issues such as added care burden and the means to alleviate.

The Gender Accountability Framework Report is the monitoring mechanism 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 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.

Previous editions can be found on the IASC and UN Women websites.