

Evaluation of the European Union’s implementation of the DG ECHO Thematic Policy Document “Gender: Different Needs, Adapted Assistance” of July 2013 (2014-2018) – Executive Summary

Objectives and scope of the evaluation

This report presents the results of the evaluation of the *implementation* of the Thematic Policy Document “Gender: Different Needs, Adapted assistance” (the ‘Gender policy’) published in July 2013 by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO). The scope of this evaluation includes, at the global level, gender-related activities funded by DG ECHO, from 2014 to 2018. It covers the three forms of intervention foreseen in the policy: mainstreaming, targeted actions (focussing on gender-based violence – GBV - as a sub-sector of Protection and of Health, and sexual and reproductive health -SRH - as a sub-sector of Health), and global efforts of DG ECHO for capacity-building through system-wide mechanisms. The evaluation has examined how the modalities of the Gender policy have been applied ‘on the ground’, any possible obstacles to proper application, and how such application could be improved. The evaluation was carried out between January and December 2020.

Background: the Gender policy

The Gender policy is a framework for systematically integrating gender analysis and response and improving as such the quality and effectiveness of DG ECHO funded humanitarian assistance. The rationale of the Gender policy is that natural disasters and human-made crises are not gender neutral: they have a different impact on women, girls, boys and men, the elderly and people with disabilities. Gender-insensitive operations may not reach a large part of the affected population — often the most vulnerable — or may fail to respond adequately to their specific needs and expose beneficiaries to serious risks such as GBV, risks which are often exacerbated during crises. A comprehensive understanding of gender and age roles and responsibilities, capacities, and vulnerabilities can also contribute to enhancing resilience and increasing the sustainability of aid. The policy has three specific objectives: gender integration, i.e. systematically providing assistance that is adapted to the specific needs and capacities of women, girls, boys, men of all ages; their participation in the design, implementation and evaluation of humanitarian operations; and protection, aimed at safeguarding beneficiaries from risks related to the context or arising from the relief operation itself, including GBV and sexual exploitation and abuse. One of the main tools for the implementation of the Gender policy’s gender integration objective is the Gender and Age Marker, which is tracking how well gender and age issues are integrated in EU-funded projects. It is intended to promote a systematic and constructive platform for dialogue on how to adapt humanitarian assistance to the specific needs of women and men of all ages.

Methodological approach

The evaluation was conducted through four main phases: inception; desk/data collection and analysis; field visits – which have been replaced by additional desk studies and remote interviews owing to the COVID-19 pandemic; and synthesis / final reporting. The approach has included: two case studies in Nigeria and Palestine, closely coordinated with a third case study carried out by another evaluation among the Rohingya refugees in Bangladesh; 160 distance interviews with stakeholders; several detailed typologies to analyse gender related activities across the total portfolio of 3 944 DG ECHO-funded projects over the evaluation period; and four electronic surveys disseminated to DG ECHO staff, the partners, the Steering Committee members of the Call to Action on Protection from GBV in Emergencies (‘Call to Action’), and the European Union (EU) Member States representatives at the Working Party on Humanitarian Aid and Food aid (COHAFA), which discusses the EU’s humanitarian strategies and policies, as well as its response to humanitarian crises.

To ensure the credibility of the findings and corresponding conclusions and recommendations, the overall methodological approach was based on a reconstructed intervention logic and seven Evaluation Questions (EQs). An evaluation matrix developed the EQs with judgment criteria and indicators and showed correspondence with standard evaluation criteria. The matrix was used as the main evaluation tool, from which were derived interview guidelines and survey questionnaires.

Constraints were found in the very wide scope of the evaluation, which covered a period of six years and three forms of intervention spanning all humanitarian sectors. Furthermore, the COVID-19 pandemic has compelled the evaluation team to follow a revised approach focused on additional documentary studies and distance interviews rather than field observation. With the dedicated assistance of national consultants, remote meetings allowed the team to reach most relevant field actors and some groups of beneficiaries – despite difficult communications in some cases. The lack of field visits has however hampered the evaluators' ability to witness first-hand the effect of interventions on the beneficiaries and their living environment.

Findings

Relevance of strategic documents and processes to help reaching the Gender policy objectives.

The Humanitarian Implementation Plans (HIP) and their technical and thematic policies annexes have significantly evolved over the evaluation period; in particular, the Gender policy has progressively become clearer and more practical, and the Gender-Age Marker has been suitably outlined in the HIPs to allow the partners of DG ECHO to inform their programming and reach the objectives of the policy. However, gender issues are to be found in the HIPs among many other operational requirements which have also been updated and better highlighted over the same period.

There were very few indications about gender issues to be found in the reviewed Integrated Analysis Frameworks (IAFs), which are meant to help preparing the HIPs. The IAFs did not include gender considerations in their strategic recommendations.

All thematic policies published by DG ECHO after July 2013 have appropriately integrated gender considerations.

The evaluation did not find any tool currently used by DG ECHO that would be fully suitable for deciding about the funding of gender-related activities as proposed by the partners.

Coherence of policy objectives with other relevant EU and international policies and guidelines.

The Gender policy is fully consistent with the other major EU policies covering gender issues, as they all follow the common objective of Gender Equality and have to apply joint procedures of the Gender Action Plan (GAP), a tool aimed at promoting gender equality and women's empowerment through all EU external actions, by measuring and reporting progress through a set of common indicators. Coherence should be further improved under the new GAP III for the period 2021 – 2025, which will emphasise - among other targets – monitoring, regional cooperation and integration with Member States. The Gender policy is also in compliance with the humanitarian principles and the humanitarian mandate of DG ECHO. The coherence is high with the concerned policies and the Gender with Age Marker of the Inter-Agency Standing Committee (IASC), a forum for coordination, policy development and decision-making among key United Nations (UN) and non-UN humanitarian partners.

Added value of Gender policy. Significant added value was found in the coordination and advocacy efforts by DG ECHO, which were applied as stipulated in chapter 7 of the Gender policy. Such efforts were highly praised in the framework of DG ECHO's proactive leadership of the Call to Action from mid-2017 to end 2018 and its participation in the COHAFA meetings. DG ECHO's advocacy has helped welcome five EU Member States as new members of the Call to Action and has increased EU visibility on the international scene. The Call to Action has been significantly strengthened in terms of coordination, bringing the initiative to the field, and the development of its tools. DG ECHO's presence in COHAFA has contributed to raise interest on gender issues but could not much enhance complementarity and has not led to a general use of a humanitarian gender-age marker among Member States. The main reason was that COHAFA did not appear as the right forum for in-depth discussions and programming but is rather a platform for sharing information.

Effects of the three forms of intervention: mainstreaming, targeted actions and capacity building. Overall, the Gender policy has significantly improved the mainstreaming of a gender perspective in the needs appraisal, response and follow up of humanitarian interventions.

Prior to the policy, women and under-five-year-old children were often considered as the most vulnerable groups 'by default' by humanitarian actors who followed in such their standard guidelines. Mainstreaming has been operationalised, mainly through the mandatory use of the Gender-Age Marker with positive effects on gender and age integration in humanitarian programming, although the specific needs of some vulnerable sub-groups (for instance male survivors of GBV, adolescent girls, single mothers, widows, the elderly who are not supported by their families, LGBTI¹, men and boys victims of conflict-related violence, women or girls who were kidnapped by non-state armed groups and who are trying to reintegrate themselves back into society, people facing barriers due to certain types of impairments) may sometimes have been overlooked by overly standardised approaches by some partners.

Corresponding changes in the electronic Single Form structure (the project reporting tool used by DG ECHO partners) have led to a better description and follow-up of gender needs analysis and responses. Progress is still needed, though, and cultural factors or the dynamics of crises – which are external factors out of DG ECHO's reach - still often prevent equal participation of all concerned gender and age groups.

Targeted actions have registered a sharp increase in the reported number of GBV and SRH beneficiaries in all three sub-sectors of focus. Protection-GBV reported 17.020 beneficiaries in 2017 and 60.745 in 2018; the number of GBV survivors medically treated within 72 hours increased from 66 in 2016 to 4.857 in 2018; the total number of live births in the presence of a skilled attendant increased from 14.339 in 2016 to 374.465 in 2018. These figures were due to the improved design of targeted actions under the policy, but were also largely driven by the introduction of adapted monitoring tools (Key Results Indicators – KRIs). The budgets of targeted actions increased proportionally in all 3 cases and also relatively to the overall budgets of the Health and Protection sectors; this trend was particularly perceptible for Health-GBV, which rose from 4% to 7% of the overall sector budget between 2016 and 2018.

It should be noted that a software limitation has been blurring the distinction between 'response' and 'prevention' KRIs for Protection-GBV activities; the two KRIs were initially introduced to measure the outputs which are bound to be different for response and prevention. Partners have to insert one of these two KRIs as a custom indicator in the DG ECHO database, which restricts searches in the system regarding outcomes, as in most cases projects have closely integrated both approaches.

The case studies indicated that protection and gender-related targeted actions are most relevant when they are carefully contextualised, such as for the above-mentioned vulnerable subgroups among the affected Rohingyas and Palestinian communities. Interviewed beneficiaries and GBV survivors also outlined their preference for income-generating activities to 'bounce back' and enhance their resilience after overcoming GBV trauma, although in some cases deeply rooted religious and social behaviours may prevent women and girls from working. However, to ensure effective livelihood outcomes, protection/GBV actors would have to strengthen their collaboration with other actors (e.g. food security and livelihood sector), eventually aiming at designing and implementing integrated actions. Currently very few partners submit such proposals and the livelihood component that protection actors propose often fails to demonstrate technical soundness.

Effectiveness could be found in all the gender-related capacity-building projects which have been funded by the DG ECHO Enhanced Response Capacity (ERC), a programme dedicated to support global, strategic and inclusive initiatives for increasing the overall capacity of the humanitarian community to respond to crises. Projects aiming at strengthening the implementation of global initiatives at the field level such as the Call to Action Road Map or the updated global guidelines that were bound to be used by most humanitarian actors worldwide (IASC Gender Handbook, IASC Gender with Age Marker, inter-agency GBV minimum standards), have arguably provided most leverage effects and synergies.

¹ Lesbian, gay, bisexual, transgender, intersex, or questioning.

Impact of the Gender-Age Marker. Overall, the ratings of the Gender Age Marker ('the Marker') have increased over the evaluation period. This tends to support the finding of an improvement in gender mainstreaming although the Marker ratings measured at the programming, monitoring and final stages of the project cycle tended to fluctuate back and forth and rarely indicated consistent trends towards improvement of practices. At programming level, partners have to self-assess and generally gave themselves maximum ratings, which were often revised by DG ECHO. Such disagreements have slightly decreased but many discrepancies remain between the various stakeholders involved in the rating process, which is still poorly understood: many partners and some DG ECHO staff perceived the Marker rating as a "tick the box" exercise; this calls for better sensitisation, training, and monitoring by DG ECHO. With regard to the toolkit, clarifications are also still needed, in particular regarding the focus of Marker ratings on results achieved, regardless of efforts provided.

Positive effects of the Marker process should rather be sought in the opportunities for dialogue around gender issues between DG ECHO staff and the partners. Dialogue was arguably the most important aspect of the process; it was much appreciated by the partners, particularly during field monitoring, but it did not happen systematically, nor was it always linked to the use of the Marker.

Based on limited evidence, the policy objective of gender integration appeared to have been enhanced by the use of the Marker. However, some cultural factors and dynamics of crises have so far constrained the objective of participation of women and girls, which is reflected in criterion 4 of the Marker ('adequate participation'); in the three case studies, no impact of the Marker could be found regarding this objective. Also with limited evidence, protection from GBV – the 3rd objective – seemed to have increased proportionally to the extent of gender and age analysis (criterion 1 of the Marker) which helps to mainstream protection from GBV throughout sectors and to design relevant targeted actions. Generally, beneficiaries have not been found at risk from negative effects (criterion 3).

Efficiency and cost-effectiveness. The three sub-sectors of focus showed comparable budget trends over the period, in both the Health and Protection sectors; they all saw a sharp increase as they started to implement the Gender policy (2015-16), followed by a peak in 2018 and a slight decrease. The reproductive health sub-sector received the highest amounts over the period. Due to the lack of mandatory reporting details, no conclusions could be drawn regarding potential differences in cost-effectiveness of gender-related interventions among geographical areas.

Most DG ECHO partners have been training their staff to be gender sensitive; such experience in integrating gender and age concerns was measured by criterion 4 of the Gender-Age Marker. Whilst beneficiaries were generally involved in programming, there seemed to have been some lack of focus by the partners on participation by concerned gender and age groups of beneficiaries in the mandatory monitoring and evaluation processes. Furthermore, DG ECHO (international) partners often subcontract (local) implementing partners to carry out activities but do not always appropriately involve these local partners in the gender dialogue with DG ECHO or inform them about it.

To support the process, within DG ECHO a network of Protection and Gender experts has gradually been put in place at headquarters and in six of the seven regional offices, with multiple advisory and training tasks.

Extensive series of in-person training workshops on the Gender-Age Marker (and gender-age mainstreaming) have been organised from 2013 to 2017 for the benefit of DG ECHO staff and the partners; these workshops provided training to (at least) 155 DG ECHO and 454 partners' staff and were well appreciated. They were followed by some support from the Protection and Gender experts and by the Marker e-learning modules which were put online on DG ECHO's website at the end of 2019. However, as reflected in the poor application of the Gender-Age Marker, training still appears as a key concern for both DG ECHO staff and the partners: in the surveys, only 22-29% in each group found the current training opportunities and practices appropriate and sufficient to effectively implement the policy.

Connectedness and sustainability. The EU/DG ECHO leadership of the Call to Action and the ERC programme, which has helped funding global capacity-building, have been effective in supporting the sustainability of gender initiatives.

Connectedness with recovery and development activities under the Nexus process could still benefit from a stronger attention to gender and age dimensions. Some new initiatives to strengthen connectedness are being piloted (for instance in Nigeria) but have reportedly been delayed, notably owing to COVID-19. The upcoming EU Gender Action Plan 2021-2025 – more particularly its Pillar II - is another opportunity to strengthen the Nexus.

Conclusions

Overall assessment

The implementation of the Gender policy from 2014 to 2018 has led to positive improvements in all three forms of intervention: mainstreaming, targeted actions, and capacity building. The Gender-Age Marker, the main tool for following up the implementation of the first two forms of intervention included in the policy, has been effective in ensuring that gender and age perspectives were systematically mainstreamed in all DG ECHO interventions. Mainstreaming has been well complemented by targeted actions; these have effectively responded to the priority needs of the most vulnerable gender and age groups in terms of protection from – and response to - gender-based violence, as well as to their needs in terms of sexual and reproductive health. DG ECHO's proactive support to key international initiatives has significantly contributed to strengthen the consideration of gender issues globally. However, some aspects of the Marker rating process are still poorly understood by the partners and DG ECHO staff and the Marker is not yet used to its full potential. In this context, continued training is crucial considering the high turnover of humanitarian staff, but training opportunities are not sufficiently advertised. Opportunities to enhance coordination between humanitarian-development and peace actors could be increased, ensuring that gender remains an area of focus in the Nexus process and contributing to tackle root causes of gender discrimination in a longer term perspective.

Specific conclusions

The conclusions on the implementation of the Gender policy relate to the three forms of intervention foreseen in the policy (mainstreaming, targeted actions, capacity building); training; and then cross-cutting issues.

The mainstreaming of gender and age considerations in humanitarian interventions funded by DG ECHO has been significantly strengthened by the implementation modalities of the policy. In particular, the mandatory Gender-Age Marker has been instrumental to achieve better mainstreaming, even if the tool was not always used properly and to its full potential. As a result, the policy objective of gender integration has been reached to a large extent.

Targeted actions have effectively complemented mainstreaming in the three sub-sectors on which this evaluation had to focus: Protection-GBV, Health-GBV and sexual and reproductive health. Targeted actions have been effective in addressing the immediate needs of the survivors of gender-based violence, as well as needs in terms of sexual and reproductive health. Beyond these three sub-sectors, in some cases targeted actions were not sufficiently adapted to the specific needs of the most vulnerable gender and age groups, depending on the varying contexts of humanitarian crises.

Capacity building efforts by DG ECHO towards global capacity development, coordination and advocacy for gender issues, have been largely effective. DG ECHO funding has strengthened global initiatives and guidelines on gender, and its advocacy has contributed to the EU's presence in this field.

Capacity building on the Gender policy and the use of the Gender-Age Marker is crucial considering the high turnover of humanitarian staff and the poor level of understanding of the Marker, but the current training opportunities (i.e. e-learning) have not yet been sufficiently advertised.

Finally, in terms of cross-cutting issues, DG ECHO has achieved a high level of coherence between the Gender policy and the other relevant policies internally and externally to the EU. The gender policy is fully consistent with all DG ECHO's thematic policies and guidelines published thereafter, as well as with the other major EU policies covering gender issues. The coherence is also high with the concerned IASC policies and the IASC Gender with Age Marker.

The level of integration of Gender policy objectives with the Humanitarian Implementation Plans and their technical and thematic policies annexes was high. DG ECHO's strategic and financing decisions documents have significantly evolved over the evaluation period and have become clearer and more practical.

Connectedness in the field with recovery and development activities under the Nexus process has been poor despite DG ECHO's efforts. Gender issues, protection from GBV and sexual and reproductive health were not among the Nexus priorities which require a wide consensus among recipient countries and donors.

DG ECHO is not currently using a tool that would be fully suitable for deciding about the funding of activities on gender proposed by the partners.

Local implementing partners, who are subcontracted by DG ECHO's international partners and carry out much of the activities, are not always appropriately involved in the gender dialogue.

Recommendations

Five strategic recommendations on the implementation of the Gender policy emerge from the conclusions. They are complemented in the report by a series of operational recommendations.

DG ECHO should primarily ensure that its **staff and partners correctly apply the Gender-Age Marker**, for achieving better gender and age integration in humanitarian aid funded by DG ECHO. It should do so by increasing **advocacy and clarification towards the partners** at the proposal stage on the proper use of the Marker, for ensuring that the Marker process is being better understood and is not merely applied as a "tick the box" exercise. Its role for initiating a dialogue should be stressed (it is one of the marker's key objectives). It should also be explained explicitly that higher marks are not likely to attract more funding from DG ECHO, to avoid it becoming a meaningless exercise.

DG ECHO should therefore also ensure that **training on the Marker is more widely and systematically followed**. It should notably provide more information among both DG ECHO staff and the partners about the specific **e-learning**. Induction training for new DG ECHO staff should also be more robust on such thematic guidelines. DG ECHO should furthermore grant access to the e-learning to local implementing partners. Possibly, a forum could be created that would allow the sharing of experience in gender and protection between partners.

It is recommended that DG ECHO **continue promoting** better inclusion of gender issues and addressing root causes of gender inequalities and discrimination among priorities in the **Nexus process**. DG ECHO could do this notably within its global effort on capacity building, by strongly supporting the implementation of the new Gender Action Plan 2021-2025, and with more advocacy at the levels of the COHAFA and the Commission-wide framework on the Nexus.

DG ECHO should further encourage partners to identify all types of most vulnerable subgroups in a given crisis in all their dimensions of diversity - taking a more intersectional approach to discrimination with gender at the centre, even if this means to **'think out of the box' of the standard partners' activities** - in order to properly cover the identified needs with targeted actions under the gender and/or the protection lens. Gender-Age Marker rating (criteria of adapted assistance and negative effects) must carefully consider such analysis.

It is finally recommended that DG ECHO focus **Enhanced Response Capacity funding** for capacity building on supporting **optimum synergies** with existing global initiatives.