



Evaluation of the EU's implementation of the DG ECHO Thematic Policy Document "Gender: Different Needs, Adapted Assistance" of July 2013 (2014-2018)

Final Report

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Written by ADE
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“Gender: Different Needs, Adapted Assistance” of July 2013 (2014-2018)**

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ABSTRACT

This report presents the results of the evaluation of the implementation of the 2013 DG ECHO policy on Gender. The scope included gender-related activities funded globally from 2014 to 2018 and addressed the three forms of intervention: mainstreaming, targeted actions, and capacity building.

The methodology integrated three country studies, four surveys and detailed typologies. Due to COVID-19, field visits were replaced by distance interviews, which limited observation of policy effects among beneficiaries.

The evaluation found appropriate coherence with relevant policies at EU and global levels, significant added value to the Call to Action on Protection from Gender-Based Violence in Emergencies, and coordination with Member States. Gender integration has improved in operations. Targeted actions have significantly increased but overlooked some vulnerabilities. Funding of global capacity building by Enhanced Response Capacity was effective. Dialogue with partners about gender is appreciated but not systematic; dialogue is not always linked to the Gender-Age Marker, whose rating process is still often a 'box ticking' process. Implementation is supported by DG ECHO experts but knowledge of e-training opportunities is limited. Connectedness is poor, as gender issues are still not among Nexus priorities.

Recommendations include more training on Marker, adaptation of targeted actions, and advocacy within Nexus.

ABBREVIATIONS AND ACRONYMS

AAP	Accountability to Affected Populations
AoR	Areas of Responsibility
C2A	Call to Action on Protection from Gender-Based Violence in Emergencies
CBCM	Community-Based Complaints Mechanisms
COHAFA	Working Party on Humanitarian Aid and Food aid (EU)
CO	Country Office
CSO	Civil Society Organization
DAC	Development Assistance Committee
DG DEVCO	Directorate-General for International Cooperation and Development (also referred to as “DEVCO”) ¹
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations (also referred to as “ECHO”)
DG NEAR	Directorate-General for Neighbourhood and Enlargement Negotiations
DRC	Democratic Republic of Congo
DRR	Disaster Risk Reduction
EEAS	European External Action Service
EiE	Education in Emergency
EQ	Evaluation Question
ERC	Enhanced Response Capacity
eSF	Electronic Single Form
EU	European Union
EU MS	European Union Member State
FD&M	Forced Displacement & Migration
FichOp	Project appraisal form (DG ECHO)
FPA	Framework Partnership Agreement
GAP	Gender Action Plan
GBV	Gender-Based Violence

¹ It became the Directorate-General for International Partnerships (DG INTPA) on 16 January 2021.
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GEM	Gender Equality Measures
GenCap	Gender Standby Capacity initiative
GEEW	Gender Equality and Empowerment of Women
GEEWG	Gender Equality and the Empowerment of Women and Girls
GII	Gender Inequality Index
HA	Humanitarian Assistance
HAR	Humanitarian Aid Regulation
HIP	Humanitarian Implementation Plan (DG ECHO)
HIPPA	Humanitarian Implementation Plan Thematic Policies Annex
HIPTA	Humanitarian Implementation Plan Technical Annex
HOPE	Humanitarian Office Programme Environment (DG ECHO Database)
HQ	Headquarters
IAF	Integrated Analysis Framework (DG ECHO)
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IGA	Income Generation Activity
(I)NGO	(International) Non-Governmental Organisation
KII	Key Informant Interview
KIT	Royal Tropical Institute of the Netherlands
KRI	Key Result Indicator
LAC	Latin America and the Caribbean
LFA	Logical Framework Analysis
LGBT(Q)I	Lesbian, Gay, Bisexual, Transgender, (Questioning or Queer), Intersex.
LRRD	Linking Relief Rehabilitation Development
MEEN	Middle East and Eastern Neighbourhood
MPSS	Medical and Psycho-Social Support
OECD	Organisation for Economic Co-operation and Development
PHC	Primary Health Care

ProGen	Protection and Gender Working Group
PSEA	Preventing Sexual Exploitation and Abuse
PSS	Psycho-Social Support
SADD	Sex and Age Disaggregated Data
SDG	Sustainable Development Goal
(S)GBV	(Sexual and) Gender-Based Violence
SPaN	Social Protection across the Nexus
SRH	Sexual and Reproductive Health
S&S	Shelter & Settlements
TA	Technical Assistant
TPA	Thematic Policy Annex (HIP)
ToR	Terms of Reference
UAE	United Arab Emirates
UN	United Nations
UNSCR	UN Security Council Resolution
WASH	Water, Sanitary and Hygiene
WPS	Women, Peace and Security

1 INTRODUCTION

This evaluation has been commissioned by the Evaluation Sector of the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO). It aims at evaluating the European Union's implementation of the DG ECHO Thematic Policy Document - Gender: "Different Needs, Adapted assistance" of July 2013 ("the Gender policy").

The evaluation's objectives, the structure of the report and methodological considerations – including limitations – are summarised below, prior to detailing the findings, conclusions and recommendations in the next chapters.

1.1 Objectives of the evaluation

The main scope of this evaluation has been the *implementation* by the European Union (EU) of the 2013 Gender policy, i.e. in gender-related activities funded and implemented by DG ECHO, from 2014 to 2018. The evaluation has examined how the objectives of this policy have been applied 'on the ground', any possible obstacles to proper application, and how such application could be improved. It was acknowledged from the preliminary discussions with DG ECHO that the evaluation should not be addressing the relevance or the design of the policy, but only its implementation. This scope covered in particular three "elements" which correspond to the forms of intervention in the policy:

- Mainstreaming (gender-sensitive humanitarian aid), mainly by using the Gender-Age Marker in all projects.
- 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).
- Global efforts of DG ECHO for capacity-building through system-wide mechanisms funded by the ERC (Enhanced Response Capacity) budget line, and advocacy such as through the EU leadership of the Call to Action on Protection from GBV in emergencies.

The evaluation has been undertaken at the global level, based on a mix of evaluation tools. A set of projects has been used for in-depth assessment, randomly selected out of the portfolio of all funded projects (3 944). Existing evaluations and studies by DG ECHO and possibly by other major actors were also examined. In-depth case studies have been conducted on gender activities in Nigeria and Palestine, through desk reviews and remote interviews as field visits were not possible (see constraints below). In addition, the evaluation has used the results of a third field case study which has been carried out in another DG ECHO-commissioned evaluation study by ADE among the Rohingya refugee camps in the area of Cox Bazaar in Bangladesh. Coordination between the two evaluations being conducted during the same period has been ensured by one expert who was involved in both projects.

1.2 Structure of the report

This report has compiled the findings collected from the documentary review (desk report) and the revised approach followed during the field phase (progress report). It has also included the results from the field case studies, four electronic surveys (see below), a quality review of gender-age marker ratings and various typology studies. The report is accordingly structured as follows:

- Executive Summary
- Chapter 1: Introduction
- Chapter 2: Overview of the Gender policy
- Chapter 3: Methodological Approach
- Chapter 4: Findings; the aggregated findings are divided between standard evaluation criteria reflected in a list of 7 Evaluation Questions which were agreed during the Inception phase (see methodological approach), themselves subdivided into sub-questions and judgment criteria.
- Chapter 5: Conclusions, grouped by themes
- Chapter 6: corresponding Recommendations.

The report is completed by a series of annexes to make it self-explanatory: Terms of Reference; Timetable; Bibliography; stakeholders consulted; list of 50 projects selected for mainstreaming analysis; analysis of gender considerations in other DG ECHO policies; and summaries of replies to the four surveys.

2 OVERVIEW OF THE GENDER POLICY

In 2009, DG ECHO carried out a review of gender issues in humanitarian aid which concluded that it should actively promote a shared understanding of what gender-sensitive humanitarian assistance means in practice. Building on this recommendation, DG ECHO developed a framework for systematically integrating gender perspectives and improving the quality and effectiveness of its actions. In July 2013 DG ECHO published its Thematic Policy Document n°6: “Gender: Different Needs, Adapted Assistance” (the ‘Gender policy’). An analysis of the other thematic policies of DG ECHO can be found under criterion 1.2 below.

The rationale of the Gender policy was based on the fact that natural disasters and human-made crises are not gender neutral: they have a different impact on women, girls, boys and men. 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 sexual and gender-based violence (GBV). A comprehensive understanding of intersectional vulnerabilities must take into consideration multiple aspects of diversity (age, disability, minorities, etc.), which can interact with gender. This can also contribute to enhancing resilience and increasing the sustainability of aid, by improving the capacity of all community members — including the most vulnerable ones — to cope with, and recover from, crises. Indeed, whilst crises often aggravate existing gender inequalities and GBV risks often increase during crises, social changes can also create a window of opportunity to challenge gender-based discrimination and inequalities.

The systematic integration of a gender approach into humanitarian aid is therefore an operational requirement for effective quality programming. It is also a matter of compliance with humanitarian principles, the EU humanitarian mandate, the European Consensus on Humanitarian Aid, as well as relevant international policies and humanitarian laws.

In the above framework, the Gender policy has integrated three specific objectives:

- **Gender integration:** systematically providing assistance that is adapted to the specific needs and capacities of women, girls, boys, men and older women and men.
- **Participation:** guaranteeing the participation of women and men of all ages in the design, implementation and evaluation of humanitarian operations.
- **Protection:** humanitarian actions must take into account particular vulnerabilities and incorporate gender-related protection strategies aimed at safeguarding beneficiaries from risks related to the context or even arising from the relief operation itself, including GBV and sexual exploitation and abuse.

The Gender policy objectives are to be pursued through three forms of intervention.

- **Mainstreaming:** humanitarian assistance must systematically integrate a gender perspective into the needs assessment, appraisal, design, implementation, monitoring and evaluation of interventions and in all aspects and sectors of assistance. In particular, gender-sensitive needs assessments and gender analyses must be carried out ; sex and age disaggregated data are to be systematically collected ; young, adult and older women and men are to be consulted ; humanitarian teams are to be composed of both female and male staff with gender expertise ; assistance is to be adapted to specific needs of different gender and age groups ; actions are to be guided by gender-sensitive objectives, results and indicators ; and minimum protection strategies and mitigation of potential negative impacts must ensure that beneficiaries are protected from existing risks, are not put at risk by the humanitarian operation and have safe access to humanitarian aid.

- **Targeted actions:** in order to respond to specific gender-induced vulnerabilities, needs or risks — particularly when one group is clearly more vulnerable than others — actions targeting that specific group may be deemed necessary. Such actions should respond to a clear need that has been identified through a contextualized gender analysis and cannot be adequately addressed through mainstreaming. Potentially negative side effects are to be identified and mitigated, to ensure that implementation will not stigmatise the targeted group or create a gap for other groups.
- **Capacity building:** DG ECHO is committed to strengthening the ability of those involved in humanitarian aid to assess, plan, deliver, monitor, evaluate and advocate for gender-sensitive humanitarian aid, in a coordinated way. Support for operations aimed at building capacity is provided mainly through the Enhanced Response Capacity (ERC) initiative.

Coordination of the policy's implementation and complementarity with other stakeholders are crucial and need to be undertaken at several levels. With EU Member states, a regular exchange of views and lessons learned on the gender dimension of EU humanitarian aid takes place in the framework of the Council Working Party on Humanitarian Aid and Food Aid (COHAFA). Efforts in the Nexus framework aim at addressing gender-related issues through long-term strategies. At the global level, DG ECHO is supportive of efforts to mainstream gender into the work of the clusters and to promote coordination with humanitarian gender-related structures, such as the IASC (Inter-Agency Standing Committee) Sub-Working Group on Gender in Humanitarian Action, the GBV Area of Responsibility of the Protection Cluster, and the IASC Task Force on Protection from Sexual Exploitation and Abuse.

Over the evaluation period, the main tool for the implementation of the Gender policy has been the Gender and Age Marker, which integrates the lessons learned from the first IASC Gender marker (see criterion 2.3). The DG ECHO Marker fosters and tracks all funded projects based on a collaborative approach between DG ECHO and its partners, to promote a systematic and constructive dialogue on how to adapt humanitarian assistance to the specific needs of women and men of all ages. In this evaluation, the Marker has been assessed under EQ5. The criteria and rating procedures of the Gender-Age Marker are outlined in grey boxes under criteria 5.1 and 5.3.

3 METHODOLOGICAL APPROACH

3.1 Overall approach

This independent evaluation was carried out from January to December 2020 by ADE, with a team of eight international consultants and two national ones in Palestine and Nigeria. The Terms of Reference can be found in Annex A. The evaluation was conducted through four main phases: (i) Inception/Structuring, including overall scoping and risk analysis; (ii) Desk/data collection and analysis; (iii) Field Visits (replaced by additional desk studies and remote interviews - see below); and (iv) Final Reporting. The approach was supervised by an internal quality assurance process. A timetable with the activities is presented in Annex B. The evaluation tools, sampling methods, typologies, case studies, surveys and constraints to evaluability – mainly due to COVID-19 - are detailed in the sub-chapters below.

To ensure the credibility of the findings and corresponding conclusions and recommendations, the overall methodological approach has been based on a reconstructed intervention logic (similar to a theory of change) and seven Evaluation Questions (EQs, see table below) which reflected the key objectives highlighted in the intervention logic and the main OECD-DAC (Organisation for Economic Co-operation and Development - Development Assistance Committee) and EU evaluation criteria. The EQs were adapted from those initially suggested in the Terms of Reference. A corresponding evaluation matrix was prepared with for each EQ a series of judgment criteria or sub-questions, indicators, sources and tools. Data has been collected, triangulated and analysed on this basis. Evaluation findings were then drawn, from which conclusions and recommendations have been derived.

Table 1: List of Evaluation Questions

Relevance
EQ1: What was the relevance of the strategic documents and processes of DG ECHO to reach the objectives of DG ECHO's Gender policy? For instance, to what extent do the IAFs and the Humanitarian Implementation Plans and their Technical Annexes) take gender and age into consideration? Did later policies take gender and age into consideration? To what extent is DG ECHO deciding about the right actions to implement its Gender policy?
Coherence
EQ2: How coherent are DG ECHO Gender policy objectives with those of other relevant EU policies and of other relevant international standards?
EU Added Value
EQ3: What was the EU Added Value of the implementation of DG ECHO's Gender policy?
Effectiveness
EQ4: What has been the effect of the introduction of the DG ECHO Gender policy? What are the concrete results achieved through the three forms of intervention? To what extent were these actions achieving the objectives stated by the EU's humanitarian Gender policy? Issues to consider are e.g. what the concrete results for (S)GBV and SRH have been and to what extent the EU's humanitarian Gender policy has promoted gender-sensitive projects funded, as well as the results of DG ECHO's efforts in capacity development, dissemination and coordination/advocacy.

EQ5: What has been the impact of the introduction of the DG ECHO Gender-Age Marker in enhancing gender and age integration in humanitarian aid? To what extent has the DG ECHO Gender-Age Marker promoted gender-sensitive projects over the period 2014-2018?

Efficiency

EQ6: To what extent were DG ECHO humanitarian actions related to integrating gender and age as well as addressing sexual- and gender-based violence and sexual and reproductive health efficient? Issues to consider are e.g. use of resources, management and monitoring processes.

Sustainability / Connectedness

EQ7: To what extent did DG ECHO manage to achieve sustainable results in the activities, in particular under the element of capacity building? What could be further done (enabling factors, tools, mechanism, change of strategy, etc.) to promote sustainability and strengthen links, including in the framework across the humanitarian-development peace Nexus?

3.2 Data collection (initial and revised approaches)

A mix of evaluation tools have been used to triangulate findings: review of some 70 documents, 160 key informants' interviews (KII), and 4 electronic surveys. The questionnaires used for the interviews and the surveys followed guidelines based on the questions in the evaluation matrix.

The initial plan at the end of 2019 was to conduct also on-site field visits, observation, face-to-face interviews with locally-based stakeholders and beneficiaries, and focus group discussions with beneficiaries. The COVID-19 pandemic and relating sanitary risks and travel and other operational restrictions, required to adjust this plan. A revised approach was proposed on 6th April 2020 to DG ECHO to replace the planned field travels by additional documentary reviews and remote interviews. This approach was discussed and then approved on 15th May. A revised timetable was also agreed (see the overall timetable in Annex B).

3.3 Sampling

Sampling has been carried out at several levels, as listed below. The approach was however constrained on the one side by the level of resources, and on the other by the vast scope of the work, i.e. the complete range of interventions funded by DG ECHO over the evaluation period (2014 – 2018) and beyond (baseline in 2012 – 2013, and some recent updates in 2019 - 2020).

Mainstreaming (applied in criteria 4.1 and 5.1). To analyse gender mainstreaming across the total portfolio of 3.944 projects over the period 2014–2018, discussions with DG ECHO resulted in the random selection by Excel application of 50 projects - 10 per year over the period - through criteria that could be extracted 'automatically' from the DG ECHO database HOPE (Humanitarian Office Programme Environment).² The list was reviewed and corrected as necessary by the team's expertise to avoid redundancies (see list in Annex E).

² A fully representative sampling would have had to integrate numerous criteria such as years, regions, types of crises, sectors and types of partners; these criteria furthermore tend to multiply (years x regions x sectors...). This would have resulted in a very large sampling which could not have been manageable within the set evaluation resources.

Sampling of HIPs and IAFs (criterion 1.1) - the sampling intended to cover the most important geographical /regional interventions of DG ECHO, in terms of budget invested over the whole period. The approach resulted in the selection of 12 Humanitarian Implementation Plans (HIPs) and Integrated Analysis Frameworks (IAFs) for (1) the greater Syrian conflict, (2) the greater Horn of Africa, and (3) the Central Africa crisis, which includes Nigeria. In addition, the HIPs for South and East Asia and the Pacific have been assessed in the context of the 'contiguous' field case study of the Rohingya crisis.

Baseline over the years 2012 – 2013 (criterion 4.1) - a random selection of 10 projects has been made by Excel application, covering the years 2012 and 2013 (5 projects per year, spread over all regions) and reviewed by the team to avoid redundancies. As the analysis required a thorough reading of each electronic Single Form (eSF) in which gender information was not yet centralised in specific sections, the number of projects assessed had to be limited.

Targeted actions (criterion 4.2) - the analysis was based on the extraction of projects that pertained to at least one of the three sub-sectors designated in the ToR: Gender-Based Violence (GBV) under the Protection sector, GBV under the Health sector and Sexual and Reproductive Health (SRH) under the Health sector. This resulted in a list of 713 projects over the period 2014 - 2018, which were assessed on the basis of all the information available in the HOPE database. This analysis thus relied on consistent reporting in HOPE.

Cost-effectiveness analysis (criterion 6.1) - the objective of this selection was to explore (as much as feasible considering the level of resources of the evaluation) the geographical specificities of targeted actions (types, average costs) for comparison purposes. The selection focused on the last 2 years (2017-2018) of the evaluation period to obtain recent cost figures and covered the four main regions listed in HOPE (Africa, Asia, Latin America and the Caribbean, and Middle East). A random selection, corrected by the team's expertise, provided a list of 16 projects (2 projects per year / per region).

3.4 Rohingya case study

Consistency with the gender case study of the Rohingya evaluation (see section 1.1 above) has been ensured by using the same questions in KII guidelines and similar types of analysis:

- Typology of gender targeted actions in all 18 projects which were listed in the HOPE database as providing key results indicators (KRI) for either Health GBV, Health SRH, or Protection GBV.
- Assessment of the quality of Gender-Age Marker ratings applied in the 6 other projects which are mentioned in HOPE as having protection components.
- Assessment of mainstreaming of gender issues in other projects retained in the evaluation's sampling, which were not already assessed either among projects with targeted actions or projects with protection component, through rationale for Gender-Age marker rating (sections 5.1.2 – 5.1.4 in the eSF).

3.5 Surveys

The evaluation team has conducted four surveys, to (i) DG ECHO staff; (ii) partner organisations; (iii) C2A (Call to Action on Protection from Gender-Based Violence in Emergencies) Steering Committee members; and (iv) EU Member States active in COHAFA (EU Working Party on Humanitarian Aid and Food aid).

The results of the four surveys have been inserted under each of the relevant judgment criteria of chapter 3 'Findings'. Overall, about one-third of the invited DG ECHO staff members and partner organisations have completed the surveys, which constituted a significant response rate and indicated the interest of both staff and partners in the Gender thematic issue. Similarly, the response rate from the C2A Steering Committee members was quite high, even if the actual number of respondents was limited. The response rate has been somewhat lower for the survey dedicated to the EU Member States / COHAFA members but is nevertheless statistically significant.

Table 2: Surveys and Response Rates

Survey/ Target group	Invitees (number)	Deadline for submission	Responses received (number)	Response rate (%)
DG ECHO Staff	340	31.07.2020	109	32,06%
DG ECHO Partner	281	31.07.2020	82 individuals from 71 organisations	29,18%
C2A Steering Committee members	12 ³	11.09.2020	5	41,7%
EU MS - COHAFA members	27	11.09.2020	6	22,2%

Source: ADE

Most respondents to the DG ECHO staff survey were based in the field (>74%) and were therefore most often direct observers of the actions' implementation, including their gender aspects. This first-hand information was also reflected in the free text comments and suggestions section of the survey as 45 DG ECHO staff respondents provided statements about a wide number of issues. The DG ECHO management also took part in the survey, both at HQ level (6,5% of the responses originating from HoUs and Team Leaders) and in the field (13,8% of responses from Heads of Regional or country Offices). No conclusion could be drawn from these figures, as the evaluation did not possess the HR ranking statistics. The summary of the responses can be found in Annex G. It should be noted that the female respondents seemed slightly underrepresented among the DG ECHO staff (37%) compared to the male respondents (53%); most of the remaining 10% preferred not to answer this question.

Among the partner organisations, most of the 82 responses originated from non-governmental organisations (NGOs) (> 81%), followed by United Nations (UN) Agencies (>13 %) and the Red Cross / Red Crescent Movement, which mostly reflected the proportions by type of DG ECHO partners. Respondents to the survey were predominantly located at the headquarters of the organisations (>64%) – which is consistent with the centralised management of most policies - and to a much lesser degree in the field (about 22%). As the survey tried to reach the staff most concerned, a clear majority of the respondents was logically familiar with the Gender policy of DG ECHO (>86 %). The other respondents were 'not very familiar' with the policy. Contrary to the DG ECHO staff, though, women were proportionally much more represented amongst the respondents (61%) than men (35 %). Altogether, 35 respondents provided various comments and suggestions, essentially on good and bad practice (15) and lessons learnt (11).

Regarding the C2A survey, considering the limited numbers of both invitees (12) and respondents (5), the interpretation of the results needs to be handled with care.

³ The exact numbers of invitations to C2A and COHAFA, which were sent directly by ECHO, have not been specified

3.6 Constraints and lessons learnt

Constraints were found at three main levels.

First, owing to the effects of COVID-19, the present evaluation has been compelled to follow a revised methodology which had to avoid physical field presence and observation through visits and faced a continuously changing landscape of closing borders, relocated stakeholders, shifting priorities, and delays. The approach has hence focused on additional documentary studies and distance interviews. It must be outlined that such constraints were only rarely found in past evaluations and only in a limited way, for instance when budget or exceptional circumstances did not allow field visits. The evaluation team coped with this new challenge to the best of their ability and agility, and by testing new tools and approaches.

The remote KIIs have allowed the team to reach most relevant field actors – despite difficult communications in some cases (electricity cuts, poor WiFi connections), thanks among others to the national experts' unfailing and dedicated support. The remote KIIs however required more workload in preparation, frequently adjusting the agenda across different time zones, and compared analysis between the team members who attended the meetings. Despite efforts, they also could not produce the same level of personal contacts as open face-to-face discussions and the building of trust. This had impact on the collection of findings – sometimes confidential – while following interview guidelines shared in advance. It is easier at a distance for interviewees to avoid mentioning some thorny issues which the evaluators could not easily find in reports.

Most importantly, the lack of field visits hampered the evaluators' ability to witness first-hand the effect of interventions on the final beneficiaries and on their living environment. This aspect is crucial in such an evaluation, as this alone can demonstrate the ultimate value of a methodology (or a policy). Some distance interviews (without visual interaction) could be organised in Nigeria with groups of beneficiaries of various genders and age and they were valuable for collecting some lessons learned. However, these meetings had usually to be organised with the presence of the partners for facilitation and translation purposes – and some invisible bias could still occur. The groups were neither numerous (a distance call can only accommodate successfully a limited number of participants) nor fully gender-disaggregated; the impartial selection of the attendees could not be ascertained. Furthermore, the beneficiaries were facing potentially intimidating unknown and invisible foreign experts, as well as new technologies. In Palestine, there was no way to collect the views of the final beneficiaries from a distance due to Covid-19 lockdown restrictions. This was an important drawback because women and youth in Palestine (two important target groups) would have been able to share their views on progress made and the gaps that needed to be filled in. Face-to-face discussions could probably have overcome this issue.

Second, the budget was a frequent challenge given the scope of the study and the number and scale of in-depth review activities to be conducted – many of which could not be identified as such at the proposal stage. While solid work could be conducted overall, it did not allow more in-depth analysis of the root causes of some findings – see for instance JCs 1.1, 1.3, 6.1 and EQs 4 and 5.

Third, in some cases there was a lack of consistency in the data that could be extracted automatically from DG ECHO's HOPE database, a fact which has affected our analysis. In general, the portfolio review of targeted actions relied on the consistent and correct filling of Single Forms and the number of targeted actions (713) did not allow for hand correction of possible mistakes or missing information. The analysis has thus better reflected the most recent years for which information was more readily available. Some documents that would have been relevant (e.g. the detailed minutes of COHAFA meetings) were also not to be found in the public domain.

Validity of the evaluation results

The impact of the above constraints has not severely affected the evaluation's ability to triangulate evidence and provide reliable statements, with the notable exception of the lack of consistent feedback from the individuals and communities affected by gender discriminations and GBV, who are ultimately supposed to benefit from the evaluated policies and methodologies. Evaluation results have therefore a strong validity overall at the level of the Gender policy, although being somewhat more 'academic' and less rooted in fieldwork than is usual.

4 FINDINGS

This chapter presents the findings that have been collected in order to provide responses to each of the seven Evaluation Questions (EQs). These questions, which often include several components and touch on technical issues, have been subdivided as deemed necessary for accuracy into judgment criteria and sub-questions. The findings are presented at the level of each judgment criterion or sub-question (summarised below as simple 'criterion' for easier reading of the synthesis report) in a salmon-coloured box to facilitate access and understanding and are then detailed underneath. The findings have sometimes led to conclusions, which are summarised by theme rather than by EQ in the following chapter 5.

4.1 Relevance (EQ1)

EQ1. What was the relevance of the strategic documents and processes of DG ECHO to reach the objectives of DG ECHO's Gender policy? For instance, to what extent do the IAFs and the Humanitarian Implementation Plans and their Technical Annexes) take gender and age into consideration? Did later policies take gender and age into consideration? To what extent is DG ECHO deciding about the right actions to implement its Gender policy?

Response to the EQ: the Humanitarian Implementation Plans (HIP) and their technical and thematic policies annexes have significantly evolved over the evaluation period and have progressively become clearer and more practical. The Gender policy and the Gender-Age Marker have been suitably outlined in the HIPs to allow the implementing partners of DG ECHO to inform their programming for reaching the objectives of the policy. However, gender and age 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. Very few indications about gender and age issues were 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 and age considerations. The evaluation did not find any tool currently used by DG ECHO that would be fully suitable for deciding about the funding of targeted activities on gender proposed by the partners.

This Evaluation Question is subdivided into three criteria to successively review the relevance of gender and age considerations in DG ECHO strategy documents (IAFs and HIPs), policies, and tools used for funding decisions.

Criterion 1.1. Gender and Age approach in IAFs, HIPs and their annexes

The findings for this criterion distinguish between (A) the IAFs, and (B) the Humanitarian Implementation Plans (HIP) and their Annexes.

A. Integrated Analysis Framework (IAF)

Summary of findings: in the IAFs, gender was usually only evoked twice and briefly: (i) the Gender Inequality Index (GII) figures were shown without comments; (ii) in a little box in the chapter on humanitarian needs, the level of GBV for the most vulnerable categories of beneficiaries was sometimes indicated. Gender issues were often indirectly considered in sectoral analyses. There were no specific mentions of gender in the key IAF chapter C1.1. (severity, magnitude, drivers, triggers...) or in the final chapters E to G (strategy, recommendations).

The Integrated Analysis Framework (IAF) is an in-depth assessment tool prepared by DG ECHO experts to provide a qualitative assessment of the context and key factors or parameters of humanitarian crises, to define needs and make recommendations to feed into strategies, in particular the Humanitarian Implementation Plans (HIPs).

Some IAFs have been selected for sampling as outlined in the methodological approach above. Several country IAFs were made for the regions of the Horn of Africa and West &

Central Africa. Among these countries, the evaluation has assessed at random, for triangulation purposes, the IAFs made separately for Djibouti, Ethiopia and Somalia in the Horn region, and the IAFs for Mali, Nigeria and Senegal in West & Central Africa.

Key findings can be summarised as follows.

- In their first chapter (A1) about composite data from key global indicators, the IAFs generally mentioned the Gender Inequality Index (GII) which measures the reproductive health, empowerment and economic status of women. However, the GII was not further reflected in the document and did not practically contribute to defining the ECHO strategy in the final IAF chapters.
- There were very limited - and scattered - mentions of gender issues in the important chapter C1.1 of each IAF which ranks the severity needs of the targeted country, except in some indirect references to 'negative coping strategies'. These were not reflected in the proposed strategy.
- In chapter B1 on humanitarian needs, there was in some (not all) IAFs a small box on the "most vulnerable" categories, which mentioned gender-based violence in telegraphic style (for instance IDPs :GBV=YES-high). Again, this rating did not lead to any strategic recommendation.
- Conversely, 'fully-fledged' humanitarian sectors such as nutrition or Education in Emergencies, which often included gender considerations, benefitted from extensive analyses in the IAFs. Such sectoral analyses were relevant and mitigated somewhat the lack of a separate gender section at the operational level; it can therefore be assumed that gender considerations were implicitly part of the strategic recommendations in the IAFs, although these recommendations never included a reference to gender issues.

Gender is not a stand-alone sector. As such, it can be concluded that gender is likely to have been allocated a somewhat unclear priority status in the IAFs, which has undermined the corresponding strategic analysis.

B. Humanitarian Implementation Plans (HIP) and their Annexes

Summary of findings: until 2016 HIPs have generally treated gender through a few standard paragraphs in the main HIPs and were lacking in gender analyses; this should nevertheless be seen as a 'positive minimum'. The situation gradually improved afterwards even if the formatting of HIPs and the technical annexes (HIPTA) changed almost from year to year. In HIPTAs operational guidelines became increasingly relevant and specific. They included Gender mainstreaming and GBV targeted actions, although among numerous other requirements (18 in 2018).

The Thematic Policy Annex of the HIPs (HIPPA), introduced in 2018, integrated the operational requirements which were previously in the HIPTAs, leaving room for more contextualised guidelines in the Technical Annex. However, this did not much improve the overall visibility of gender among so many other issues. In 2019, the HIPPA has subdivided the previous operational requirements into 4 categories, including a set of 9 cross-cutting issues among which are Gender-Age mainstreaming, the Marker and (S)GBV. The possibility of targeted actions is mentioned in the HIPPA in the mainstreaming section but for instance SRH is not to be found in the Health policy description. Nevertheless, a large majority (+/- 60%) of the DG ECHO staff and partners' respondents to the surveys were positive about the level of gender analysis and guidance to be found in the HIPs, HIPTAs and HIPPA. This was confirmed by KIIs with field actors.

In order to compare HIPs for some key regions and assess whether considerations of gender issues (reference to the policy, the Marker, gender mainstreaming, GBV) have improved over the period, a comparative analysis has been made from the HIPs for the Horn of Africa, Syria and West Africa. The main findings are as follows.

In the HIPs gender considerations have long remained rather general/generic. For instance, among “general considerations for interventions” a standard paragraph was included, such as: *“In all interventions, the inclusion of the most vulnerable and marginalized groups must be properly and systematically addressed in all projects and sectors. DG ECHO will require partners to explain if they do not include these target groups. In that respect, all project proposals must demonstrate integration of gender and age in a coherent manner throughout the Single Form/reports, including in the needs assessment and risk analysis, the logical framework, description of activities and the gender-age marker section.”* Such statements can be seen as a ‘positive minimum’ compared with the ex-ante situation.

Needs assessment and operational recommendations became increasingly relevant and specific as from 2016 (Horn, Syria), in particular about Gender-Age mainstreaming and GBV, which has increasingly been emphasized over the period as a key protection concern. References to GBV-targeted actions could be found under the sector of Protection only (where medical activities and psycho-social support were also grouped).

The year 2018 has marked another step forward. In the Syria HIP, a detailed analysis of GBV could be found. Medical targeted actions were placed under the health sector (Syria and Horn of Africa). In West Africa also, the effects of the Boko Haram conflict on genders were first analysed in 2018.

In the HIP’s Technical Annexes (HIPTAs), web links to the Gender policy and Gender-Age Marker were provided from 2014 onwards, and specific operational guidelines per sector (general sector recommendations) gradually improved for gender issues and GBV. However this process happened along with the multiplication of other operational requirements (18 other requirements in 2018)⁴, which have to be considered by the partners.

Furthermore, the formatting of HIPs and HIPTAs changed almost from year to year, which was not conducive to highlighting improvements in the guidelines. There were no gender-disaggregated figures to be found in HIPs or HIPTAs throughout the period, until the regional HIP for South Asia in 2019.

In this respect, the HIP 2019 for South, East, South-East Asia and the Pacific (ECHO/XA/BUD/2019/91000) has been assessed in the framework of the contiguous DG ECHO evaluation of the Rohingya crisis. It has delivered useful examples of good practice, such as: gender-disaggregated figures for Bangladesh (these did not however include the elderly); emphasis (in Myanmar) on the Call to Action; and in the HIPTA, under chapter 3.2 ‘Operational criteria’, sub-chapter 3.2.2 outlined clearly the assessment criteria that were to be applied by DG ECHO in reference to specific sections of the partners’ Single Form (eSF, sections 2, 3.1.3, 3.1.4) when assessing proposals submitted in response to HIP.

In October 2018 (published with the HIPs for 2019), DG ECHO introduced an overall Thematic Policies Annex to the HIPs, which outlines the general principles, policy framework, assistance modalities, cross-cutting issues as well as thematic guidelines that need to be taken into account by DG ECHO partners in their design of humanitarian operations.

⁴ Humanitarian principles, do-no-harm, safe and secure provision of aid, accountability, Response Analysis to Support Modality Selection for all Resource Transfers (cash-based, vouchers, in-kind), strengthening coordination, DRR, Education in Emergencies, integrated approaches, protection, resilience, community-based approach, visibility, Grand Bargain commitments, innovation and the private sector, cash-based assistance (distinct from other modalities), multi-year planning and funding, and resilience mainstreaming /Resilience Marker.

The Thematic Policy Annex (HIPPA) has integrated the operational requirements which were previously in the HIPTAs. This positive development has left room for more contextualised guidelines in the Technical Annex. In 2019 the Thematic Policy Annex has also subdivided the previous operational requirements into 4 categories:

- Preferred Assistance Modalities (3 modalities: cash transfer, basic needs approach, community-based approach);
- 7 Specific Sector Policies (food aid, nutrition, cash, shelter, EiE, protection, health) which mention gender and age considerations. It should be noted that health does not mention SRH, while protection details (S)GBV;
- 9 Cross-cutting Issues, including Gender-Age mainstreaming and the Marker (targeted actions are mentioned under mainstreaming); and
- 2 “other” issues (EU Aid Volunteers and visibility).

Key Informants’ Interviews and surveys

A majority of both the DG ECHO staff and the partners who took part in the surveys were positive about the level of gender analysis and guidance to be found in the HIPs, HIPTAs and HIPPA. In the survey dedicated to the DG ECHO staff members, 56,9% of the respondents agreed with the statement “*The HIPs and their Annexes include an analysis of the needs and capacities of different gender and age groups for specific crisis*”.

The partners were also positive regarding the statement “*DG ECHO effectively uses strategic documents (e.g. HIPs and their Annexes) to operationalize the Gender Policy*”: 62,6% agreed; 11,0% disagreed; 25,6% remained ‘neutral’.

This was confirmed by KIIs with field actors, although some of them were also looking for guidance in the IASC Gender Handbook (see criterion 2.2).

Criterion 1.2. Gender and Age approach in other DG ECHO policies

Summary of findings: 10 policies have been published by DG ECHO after the Gender policy, between September 2013 and July 2019. All of them have duly taken gender and age considerations into account and provided cross-linkages with the Gender policy. Many of the policies have integrated specific guidelines regarding gender and age mainstreaming in sectoral interventions.

In addition, gender considerations of a rather general nature can be found in two initiatives supported by DG ECHO, which are not listed among the main policy guidelines: Forced Displacement & Migration (FD&M) and Social Protection Across the Nexus (SPaN).

Ten thematic policy documents have been published by DG ECHO following the Gender policy (July 2013). They can be found on DG ECHO’s website under ‘Policy Guidelines’ and are listed below by order of publishing date.

- Disaster Risk Reduction (DRR): increasing resilience by reducing disaster risk in humanitarian action (September 2013).
- Nutrition: addressing Undernutrition in Emergencies (September 2013).
- Humanitarian Food Assistance: from Food Aid to Food Assistance (November 2013).
- Cash and Vouchers: increasing efficiency and effectiveness across all sectors (December 2013).
- Health (February 2014).
- Water, Sanitation and Hygiene: meeting the challenge of rapidly increasing humanitarian needs in WASH (May 2014).
- Thematic Policy document on Humanitarian Protection: “Improving protection outcomes to reduce risks for people in humanitarian crises” (May 2016).
- Humanitarian Shelter and Settlements (S&S) Guidelines (June 2017).

- Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations (February 2019).
- Education in Emergencies (EiE) in EU-funded Humanitarian Aid Operations (July 2019).

All of the above policies have provided cross-linkages with the Gender policy and have duly recognised the different needs, capacities and roles of women, girls, boys and men, children and the elderly. The DG ECHO policies have systematically sought to mainstream gender considerations within humanitarian needs assessments and risk analysis, in the design of humanitarian responses, and in assessing their impact. In most cases, the policies have been particularly explicit about specific approaches to be followed in their respective sectors.

In addition to the 'formal' policies, DG ECHO has also been considering gender implications in the matters of Forced Displacement & Migration (FD&M) and Social Protection Across the Nexus (SPaN). These two issues were not to be found among the list of policies on DG ECHO's website (FD&M is a Commission Communication) and provided only general references to gender.

Details about gender considerations in the DG ECHO policies on Protection, Shelter & Settlements, Disability inclusion, DRR, EiE, Health, Nutrition, WASH and Cash & Vouchers, together with FD&M and SPaN can be found in Annex F.

Criterion 1.3. Tools for funding decisions about gender activities

Summary of findings: There does not seem to be as yet an optimum tool in use to decide on the relevance of funding of gender mainstreaming or targeted actions. There were few traces of discussion of gender issues in the formal letters (copied in HOPE) exchanged between DG ECHO and the partner about various operational and contractual issues: the letters were not used to support initial funding decisions – and were not related particularly to the policy objectives - but were mostly *ex-post* requests for clarifications and concerned details of the final report. There was evidence from the KIIs and surveys that some discussions about Gender were taking place at programming stage, but there was mixed satisfaction from both DG ECHO staff and the partners on this issue. The current dashboard has limited capacities as a decision tool for gender activities. The 2019 HIPTA for South Asia has elaborated a number of specific criteria for funding decisions, which are linked to two of the policy objectives, to relevant eSF sections, and indirectly to the Marker.

To strengthen decision tools, some partners suggested that proper analysis of capacity, gender-sensitivity and systematic integration of the gender issue should become a funding criterion of DG ECHO, to support accountability (see also C5.2)

The present criterion is meant to assess the tools that DG ECHO is using to decide about the funding of partners' proposals, before contracting them.

The funding decision process has been one of the issues discussed with DG ECHO staff and partners during KIIs, although feedback has been limited. The annual process involves the following steps: (1) after preparing the IAFs in April–May with global inputs from thematic experts and Country Offices (CO), preliminary indications of funding allocations for the next year can be made. (2) Consultations are held with the partners. (3) From June to August-September, HIPs are drafted with inputs from COs and technical experts. (4) When HIPs are finalized, a presentation is made by the CO for the partners (no comments are expected). (5) On that basis, proposals are made by the partners and reviewed by the thematic experts and COs.

The funding decision is usually based on 3 criteria: alignment with HIP priorities; relevance, knowledge, presence of the partner; and amount, which must be adapted to the budget (itself subject to variations).

It has been requested to the evaluation to explore the exchange of letters between DG ECHO and the partners which starts at the initial stage (and continues throughout the project cycle), as a possible vehicle for discussing gender-related issues

The exchange of such letters has been analysed in the 50 projects selected according to the methodological note (the list can be found in Annex E). As a result of this analysis, it appeared that the exchange of letters at negotiation stage (after the appraisal) was not used in general to discuss gender issues, which were most often not among priorities for funding decisions. Of the 50 selected projects, half of the FichOp files contained copies of letters exchanged, but the exchanges took place either *ex-post* (22 clarifications to the final report) or mid-term (2 clarifications). The letters did not directly concern gender issues, and certainly not the specific policy objectives. These letters were therefore obviously not the main support for the dialogue about gender issues at programming stage. Such a dialogue certainly often took place (19 projects show anecdotal references to a probable dialogue) but this was probably done either by mail, through informal verbal exchanges and/or during monitoring, as confirmed by KIIs.

Another decision tool mentioned initially (the dashboard) was not deemed appropriate by DG ECHO for further investigation as its limitations have been well identified already (restricted number of characters etc), which was not conducive to considering the policy objectives.

As briefly evoked under criterion 1.1, the Technical Annex of the HIP 2019 for South Asia has provided in its sub-chapter 3.2.2 the clearest outline to date (among the various assessed HIPTAs) of the assessment criteria that were to be applied by DG ECHO when assessing policy coherence of proposals submitted in response to HIP. The criteria referred in particular to specific sections of the partners' Single Form (eSF), as follows.

- Section 2 of eSF: evidence-based and quality of needs assessment is a fundamental requirement.
- Section 3.1.3 of the eSF: includes a context-specific analysis of risks (threats, hazards, vulnerabilities and capacities) faced by contextually relevant gender, age, and disability.
- Section 3.1.4 of the eSF clearly demonstrates how the above-mentioned analysis informs the response strategy. The response strategy is adapted to the context and actions contain elements of emergency response capacity.
- Section 4: the logical framework includes robust and relevant output and outcome indicators about gender, age and disability mainstreaming, across all results and activities.
- Section 6.1: the partner can demonstrate human resources and management capacities to mainstream protection and gender in the proposed action.
- Section 3.2.5 on participation was not included in this list.

The above outline considers the Gender policy objectives of *gender integration and protection* and can be considered as an example of good practice in this matter, provided that (1) the objective of participation is better outlined (eSF 3.2.5 to be added) and (2) a corresponding matrix table is being used for measuring compliance, instead of the 'dashboard' (this could not be verified). It should also be noted that the above criteria have come quite close to the partner's proposal discussed below about a funding criterion.

Under the criterion of Efficiency, the surveys for DG ECHO staff and the partners included a statement regarding discussions before contracting "*The proposal negotiation phase (prior contracting) between DG ECHO and partners does efficiently include gender and age mainstreaming-related issues*" (the dialogue at the other stages of the project cycle management is assessed under EQ5 about the Marker). The DG ECHO staff members - 74,3% were working in the field and 11,9% were Desk Officers - had very mixed opinions: 31,2% agreed and exactly the same percentage disagreed. The numbers of 'neutral' or 'do not know' were quite high (37,7%). Partners were more positive (32,9% agreed and 17% disagreed) but the numbers of those who did not know were even higher: 50%.

It should be stressed that some respondents⁵ stated that proper analysis capacity, gender-sensitivity and systematic integration of the gender issue should become a funding criterion of DG ECHO. Respondents highlight that making it a criterion for funding would further the quality and accountability of DG ECHO funded operations. One respondent wrote in this respect: "While the marker and policy are mentioned in the HIPs the last few years, the level of gender-sensitivity and responsiveness is not a funding criterion, whereas it should be. And whether gender mainstreaming through-out the project is seriously considered depends strongly on the interest of individual desks and TAs. Genuine implementation remained personality-driven rather than key imperative." This issue is also discussed under EQ 5.

⁵ This statement comes from the partners survey. Out of the 82 partners who responded, 26 provided free text statements, which were clustered by the survey manager. 'Many' of these free text statements concurred on this suggestion.

4.2 Coherence (EQ2)

EQ2. How coherent are DG ECHO Gender policy objectives with those of other relevant EU policies and of other relevant international standards?

Response to the EQ: 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 for measuring and reporting progress. The coherence is also high with the concerned Inter-Agency Standing Committee (IASC) policies and the IASC Gender with Age Marker.

Coherence with other approaches is an important aspect of policy evaluations; this evaluation question is looking at the coherence of DG ECHO's gender policy under 3 perspectives (and 3 criteria): internally with other relevant EU policies, externally with relevant global (UN) policies, and in a cross-cutting manner with other main types of gender-age markers.

Criterion 2.1. Coherence of DG ECHO Gender policy with major policies at EU level

Summary of findings: DG ECHO and the EU Development and External Dimension-focused Services (DG DEVCO – which became INTPA, DG NEAR, EEAS) have been following parallel and complementary tracks on gender issues since the two Consensus (on development and on humanitarian aid). Humanitarian principles and effectiveness in emergencies require an adapted approach while longer-term development focuses mainly on women's rights and ultimately aims at 'transformative' empowerment (Gender Equality and Empowerment of Women - GEEW). Coherence is however ensured as both tracks agree on the overall objective of Gender Equality and have adopted measures for protection against GBV. Furthermore, coherence is also applied in the framework of the Gender Action Plan (GAP) through the submission of annual implementation reports by all EU external action actors and the use of a common list of GAP indicators for all EU actors; DG ECHO only reports on humanitarian-related indicators, in line with its specific mandate.

The key relevant EU policies are briefly described below.

EU Consensus on Humanitarian Aid (2007)

The Consensus clearly paves the way for DG ECHO's Gender policy as it sets out the values, guiding principles and policy scope of EU humanitarian aid. Notably, in its chapter 2.5 the Consensus stresses the need to integrate the gender dimensions in Humanitarian Aid and promotes the active participation of all gender categories.

§23: Recognising the different needs, capacities and contributions of women, girls, boys and men, the EU highlights the importance of integrating gender considerations into humanitarian aid.

§24: The EU recognises that the active participation of women in humanitarian aid is essential and commits to promoting that involvement.

Furthermore, in §39 the Consensus focuses on the most vulnerable and addresses GBV: "in responding to humanitarian need particular vulnerabilities must be taken into account. In this context, the EU will pay special attention to women, children, the elderly, sick and people with disabilities, and to addressing their specific needs. Moreover, protection strategies against sexual and gender-based violence must be incorporated in all aspects of humanitarian assistance".

DG ECHO's policy on "Gender: different needs, adapted assistance" and later DG ECHO policies and guidelines have already been assessed under judgment criterion 1.2. The Call to Action on Protection from GBV in Emergencies is assessed in criteria 3.2 and 7.1.

EU Consensus on Development (2005, 2017)

In parallel to the Consensus on Humanitarian Aid, the EU Consensus on Development (2005) has also been a steppingstone for the EU Development-oriented Services in the Commission, External Action and Member States. This ‘other’ Consensus was based on the Millennium Development Goals (MDGs) aimed at eradicating poverty, among which MDG 3 promoted gender equality and the empowerment of women (GEEW). Chapter 4.4 (§19) was dedicated to Gender Equality. The Consensus on Development was revised in 2017, to accommodate the new Sustainable Development Goals (SDGs) agreed in 2015. Among other goals the updated Consensus continues to promote the protection and fulfilment of women’s and girls’ rights. The GEEW approach has been operationalized in the documents below.

EU Gender Action Plan II (GAP II) 2016 – 2020

The DG ECHO Gender policy duly emphasized inclusiveness of gender and age in all their dimensions (women, men, girls, boys, the elderly) - and thus gender equality – but in a humanitarian emergency context refrained somewhat from being ‘gender-transformative’ (challenging deep-rooted gender norms) to abide by the short- or medium-term nature of humanitarian interventions and follow the Do-No-Harm principle, to avoid a possible backlash against women and girls in traditional societies under the pressure of brutal crises. The empowerment of women was to be pursued “with a view to reducing inequality-driven vulnerabilities and promote resilience” provided that there was no risk of the above-mentioned backlash.

For its part, the 2nd EU Gender Action Plan (GAP II) for the period 2016-2020 intends to translate the EU’s policy and political commitments to gender equality into a set of concrete objectives and promotes more efficient coordination, implementation and monitoring of EU activities in this area. Its implementation is mandatory for all EU institutions and EU Member States. The GAP II has focused on the realisation of women’s and girls’ full and equal enjoyment of all human rights and fundamental freedoms, the achievement of gender equality and the empowerment of women and girls. In so doing, the GAP envisaged essentially longer-term development perspectives. It argued for instance that “gender equality is not just a matter of social justice, but also one of “smart economics”: women’s participation in the economy is essential for sustainable development and economic growth”. Beyond these two parallel tracks, commonalities and coherence were to be found. The GAP outlined that “although the GAP II applies to DG NEAR, EEAS and DG ECHO, as well as to Member States, it is their responsibility to generate bespoke guidance or to adapt this one accordingly”. The GAP therefore did not supersede DG ECHO’s Gender policy.

Indeed, there has been complementarity between the two tracks (which originated in the two EU Consensus on Development and Humanitarian Action), and the GAP has precisely strived to achieve coherence by insisting that gender analysis be done systematically, and subsequent activities reported by all concerned EU actors, using sex & age-disaggregated data (SADD) wherever available (which is coherent with the SADD criterion in the DG ECHO’s Gender-Age Marker). DG ECHO has duly contributed to the GAP process by reporting on the humanitarian indicators, as outlined in the annual reports. There are however still challenges, which should be addressed by the upcoming GAP III.⁶

⁶ The GAP III 2021-2025 (which is not within the temporal scope of this evaluation) aims to accelerate progress on empowering women and girls, and safeguard gains made on gender equality through 5 pillars. In particular, Pillar 1 states that 85% of all new actions throughout external relations will contribute to gender equality and women’s empowerment by 2025. Pillar II aims at Nexus and makes the case for developing a common approach for all EU actors at country-level and for focusing on selected strategic issues. Pillar III focuses on the key thematic areas of engagement such as GBV and SRH.

The GAP II was the continuation of the 1st GAP 2010-2015 and aimed at holding all external Commission services, EEAS and Member States accountable – and thus strengthening coherence. The GAP II had three thematic pillars, and a 4th horizontal pillar:

1. Ensuring girls' and women's physical and psychosocial integrity.
2. Promoting social and economic rights / empowerment of girls and women.
3. Strengthening girls' and women's participation.
4. (horizontal) Shifting institutional culture for more effective delivery of EU commitments.

The 1st Pillar included strong commonalities with DG ECHO's targeted actions, such as: "ensuring girls' and women's physical and psychological integrity". The Plan also insisted that gender analysis should be done systematically for all new external actions undertaken, and EU actors must report on these activities by using sex-disaggregated data wherever available. This measure was consistent with the SADD criteria. These four pillars were subdivided into 20 Thematic Objectives, including under Pillar 1: Girls and women free of violence against them (VAWG), elimination of trafficking and exploitation, and protection from GBV in crisis situations.

Annual reports of the GAP implementation duly incorporated humanitarian chapters in an effort of coherence among reports from other EU actors. Key elements of progress were noted in the humanitarian chapter of each of the annual implementation reports of the GAP, from 2016 to 2018. During this last year, DG ECHO outlined for instance the achievements in the framework of the Call to Action (high-level awareness-raising events, regional workshops) and ERC-funded projects, which are also reported in criteria 3.2, 4.3 and 7.1.

In the Joint staff Working document on "GEWE⁷: Transforming the Lives of Girls and Women through EU External Relations 2016-2020" a large number of indicators (128) were listed to ensure a systematic reporting of GAP activities by all EU stakeholders, in terms of culture shift to promote gender equality (coordination, leadership, resources, evidence gathering, results, partnerships) for each of the 20 Thematic Objectives. Not all of these indicators were directly of concern to DG ECHO, as they might concern wider/longer-term development goals and SDGs. For instance, among the 10 indicators proposed for Thematic Objective 9 (protection), 3 were directly relevant to humanitarian aid: N° of refugees, N° of humanitarian targeted actions that respond to GBV; and N° of EU funded humanitarian programmes with a gender marker of 2. Under Objective 12 (nutrition), 1 indicator was relevant out of 6, and under Objective 13 (education), 3 indicators may have been partly relevant to EIE out of 10.⁸

Stakeholders interviewed during the Progress/Field phase outlined that the GAP III (2021-2025) should be ready by the end of 2020 and should present a Communication of approx. 15 pages excluding annexes.⁹

The stakeholders pointed out the achievements of GAP II (EU Delegations were obliged to pick up at least one gender activity and report on it as part of their results framework, and an example of good practice in DG ECHO-DG DEVCO cooperation was found in Uganda) but also to the remaining challenges, such as the technical complexity of GAP II and the little usefulness of some indicators. GAP III should keep the priority areas of GAP II but should better emphasize CSO inputs, regional cooperation, monitoring, as well as a better integration of EU services and (some) EU MS (Nordic countries, France).

⁷ GEWE (Gender Equality and Women's empowerment) is sometimes used instead of GEEW.

⁸ In addition, indicator 9.10 focused on the number of EU MS and partner country which signed up to the global initiative Call to Action on Protection from GBV in emergencies, of which DG ECHO ensured the leadership from mid-2017 until end 2018.

⁹ GAP III was published on 25th November 2020, beyond the temporal scope of this evaluation.

Commission Staff Working Document - Strategic engagement for gender equality 2016-2019

In line with the Action Plan, this document described how gender equality actions would be focused on five priority areas, namely:

- increasing female labour market participation and equal economic independence;
- reducing the gender pay, earnings and pension gaps and thus fighting poverty among women;
- promoting equality between women and men in decision-making;
- combating gender-based violence, including trafficking in human beings and protecting and supporting victims; and
- promoting gender equality and women's rights across the world.

Coherence with DG ECHO's Gender policy is therefore mainly to be found in the last two priority areas:

- the 4th priority area addresses more specifically GBV, and
- the 5th priority pays attention to the role of women and men; it aims at dismantling gender stereotypes and promoting non-discriminatory gender roles.

EU Strategic Approach to Women, Peace and Security (WPS) of December 2018, and Action Plan 2019-2024

EEAS (and some NGOs) also outlined the new Women, Peace and Security (WPS) agenda adopted in 2018, which built upon and replaced the 2008 Comprehensive Approach to the EU implementation of the UNSCRs (UN Security Council Resolutions) 1325 and 1820 on Women, Peace and Security. The EU Strategic Approach to WPS emphasized the need for concrete commitments and actions as well as the 'need to engage, empower, protect, and support women and girls in order to achieve sustainable and lasting peace and security as intrinsic components of human rights and sustainable development', in line with the 2030 Agenda for Sustainable Development, the SDGs, and the Consensus for Development.

The Strategic Approach aimed to reaffirm the holistic implementation of the WPS agenda and recognised GEEW as a prerequisite for addressing the prevention, management and resolution of conflict.

In this perspective, the EU has been striving to embed GEEW in all EU external action, including, but not limited to, conflict prevention, development assistance, *humanitarian aid*, trafficking in human beings, migration, conflict resolution, disaster risk reduction, preventing and countering of radicalisation, violent extremism and terrorism. There is therefore a large coherence with DG ECHO's Gender policy on most elements.¹⁰

¹⁰ The WPS Action Plan, published in July 2019 (beyond the temporal scope of this evaluation) includes a set of 30 common indicators for all EU bodies, many of which are also linked to GAP II indicators. In particular, WPS indicators 10-11 (relief), 25-26 (GBV) and 27-29 (refugees) are relevant for humanitarian aid.

Criterion 2.2. Coherence of DG ECHO Gender policy with major policies at global level

Summary of findings: Coherence has been found with all the reviewed Inter-Agency Standing Committee (IASC) policies, some of which have been supported in their development by DG ECHO through Enhanced Response Capacity funding. The DG ECHO Gender policy emphasized a rights-based approach somewhat less holistic than IASC policies and GEEW but contained most of the key elements of these policies, including understanding differentiated needs - in particular of minority groups - participation, and protection. DG ECHO is in the process of establishing a formal document (but not revising the policy) on Protection from Sexual Exploitation and Abuse, which is considered as a matter of contractual compliance for the partners. Another limitation has been the lack of an implementation plan and/or accountability framework for the DG ECHO Gender policy.

In its chapter 2.2 ('Recent achievements and key guidance'), the DG ECHO Gender policy has made a number of explicit references to documents published by the IASC (Inter-Agency Standing Committee), the primary mechanism for inter-agency coordination of humanitarian assistance. The policy recommended that partners should consider in their operational guidance the IASC guidelines on how to integrate gender ('Gender Handbook in Humanitarian Action' of 2006) and gender-based violence ('Guidelines on GBV Interventions in Humanitarian Settings', 2005). As discussed in criterion 4.3 below, DG ECHO was instrumental in funding IASC guidelines. The gender definition of the policy was also inspired from the IASC Gender Handbook. A more detailed analysis of the key IASC guidelines is outlined below.

IASC Gender Handbook for HA

The DG ECHO Gender policy has referred to the original IASC gender handbook: *Women, Girls, Boys and Men. Different Needs — Equal Opportunities: Gender Handbook in Humanitarian Action* in 2006, including using its definition of gender. The Gender Handbook was referenced as a key source for mainstreaming gender into sectoral programming. The main objective of this Handbook has been to provide humanitarian actors with guidance on gender analysis, planning and actions to ensure that the needs, priorities and capacities of women, girls, men and boys are considered in the programming of humanitarian responses. The current IASC Gender Handbook (2018), funded with support from DG ECHO's ERC programme (see criterion 4.3) has been designed following a more transformative approach, in the same way that the IASC gender policies have moved to include transformation. The Handbook strongly supports the promotion and enabling of women's leadership in decision-making processes and refers explicitly to the Transformative Gender Agenda. The new IASC Gender Handbook has also integrated a stronger focus on rights, as it continuously outlines for instance the need to consider not only the needs, vulnerabilities, risks and capacities of the various gender and age groups (as for mainstreaming in DG ECHO's Gender policy) but also their rights.

IASC GBV guidelines

The DG ECHO Gender policy has been broadly aligned with the 2005 IASC GBV guidelines in its protection objective. Although the two documents were not directly comparable – as the DG ECHO document was a policy while the IASC document was a detailed guidance for practitioners – it was possible to compare their conceptual approach.

The DG ECHO Policy has used the IASC definition of GBV: "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between females and males". Both documents accepted the complexity of the issue, that data may not be readily available, that GBV mainly affects women and girls, and that a multi-sector response is required. There was also a greater emphasis in the IASC document on international human rights legislation underpinning responses to GBV.

The IASC has updated its GBV guidelines in 2015 with more detailed guidance for 13 thematic areas. The conceptual approach was the same as the 2005 version, but there was a greater focus on inter-sectionality, and greater attention to disability and indigenous groups, as well as a greater focus on issues related to violence against men and boys. There was also a focus on LGBTI people, which was not included in the 2005 version. While the DG ECHO Gender policy included references to the importance of taking inter-sectionality into account, this was not specific to GBV prevention and response. In this respect, connections should be made with the DG ECHO Protection policy which presents a GBV typology.

IASC Minimum Standards on Child Protection

The Minimum Standards on Child Protection guidelines were developed in 2012 by the Child Protection Working Group to provide a general framework of agreed principles, considerations, steps, and procedures for effective child protection case management. Case management seeks to address an individual child's (and its family's) needs through direct support. It can address protection issues themselves and work collaboratively with the community and non-protection services to address potential gaps. DG ECHO has accordingly developed humanitarian policy guidance documents that addressed gender issues in the areas of protection and child protection.

IASC policies on Gender Equality and Empowerment of Women (GEEW) in HA

The IASC issued its first Gender policy in 1999¹¹, which was updated in 2008.¹² The 2008 Policy Statement was not referenced in the DG ECHO Gender policy although it was the current IASC policy when the DG ECHO Gender policy was being developed. Neither the 1999 or 2008 policies included a systematic accountability or monitoring framework or required development of an accompanying action plan for implementation; in addition, the focus of both of these policies was on mainstreaming as opposed to gender-related results. IASC issued a third policy in 2017¹³. It used the term “transformative” for the first time in an IASC gender policy, influenced by the 2011 IASC Transformative Agenda¹⁴ (with a focus on leadership, coordination and accountability), the Agenda 2030, and the World Humanitarian Summit. It also referred to the 2012 UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, the overarching guiding framework for GEEW in the UN system (UN-SWAP – see below). There was a greater focus on leadership and on gender as involving both men and women and other gender groups. It took more of an inter-sectional approach than the earlier two IASC policies, including references to sexual orientation and LGBTI. There was also a greater focus on the humanitarian-development Nexus and localisation. The focus of the 2017 policy remained mainly on mainstreaming and processes as opposed to results in gender equality and the empowerment of women.

The other major change from the earlier IASC policies, influenced by the UN-SWAP and moves in the UN to greater accountability, was the development of an accountability framework (2018-2022) for implementation of the 2017 policy. It focused on the collective actions of the IASC *vis-à-vis* GEEW. It defined the monitoring of 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 in the Policy. It further established reporting facilities and ways of information-sharing to foster closer coordination and cooperation between IASC bodies, Members and Standing Invitees. A number of quantitative targets related to the policy were included, with responsibilities noted, and the performance assessment of Humanitarian Coordinators was tied to implementation of the policy. As with the 2017 policy, the focus of the accountability framework was on gender mainstreaming as opposed to results.

¹¹ The Integration of a Gender Perspective in Humanitarian Assistance. Endorsed by the IASC Principals, 31 May 1999.

¹² Policy Statement, Gender Equality in Humanitarian Action. IASC, 2008.

¹³ It is recognised that this policy was developed after the DG ECHO policy, and comparison is included here as a forward looking measure.

¹⁴ <https://interagencystandingcommittee.org/iasc-transformative-agenda>.

Overall coherence - and some divergence - between IASC and DG ECHO Gender policies could be found in terms of focus on rights (more focus on needs-based approaches in DG ECHO policy), differentiated needs and equal participation (similar approach), accountability (increased focus in IASC on accountability of stakeholders and senior leaders) and results (focus on results by DG ECHO in the Gender-Age Marker).

IASC policy on Protection in HA

The section in the DG ECHO Gender policy was relatively short (as would be expected in a thematic policy) and was largely coherent with the IASC Policy on Protection in Humanitarian Aid. There were a number of areas of coherence, in particular: the recognition that protection was a central feature of International Humanitarian Law; a focus on differentiation and ensuring support to the most marginalized; the need for detailed analysis of protection and sexual and gender-based violence issues, including understanding the perspective of survivors; the need to engage with affected populations; and the need to do no harm. The DG ECHO Policy did not deal with the specifics of protection mechanisms in as much detail as the IASC Policy; the latter in addition to the above focused on the role of parties to conflict, the convening role of the United Nations, and responsibilities of different stakeholders. This was understandable given that the IASC Policy focused specifically on protection while the DG ECHO Policy addressed all gender-related issues, and was complemented by separate guidance for protection.

DG ECHO also published a separate Humanitarian Protection Thematic Policy Document in 2016. This was more directly comparable in terms of reflection of gender with the 2016 IASC Policy on Protection in Humanitarian Action. The IASC Policy had a relatively limited focus on gender; in one paragraph it focused on gender as one inter-sectional issue to be considered among many others. The DG ECHO Protection policy took a similar approach, including gender as an area to be covered along with - in particular - age, but also disability and ethnicity, and also included several reminders that gender needed to be taken into account in all protection activities. Neither document therefore had a specific focus on gender.

IASC good practices on Protection from Sexual Exploitation and Abuse

The DG ECHO Gender policy focused on Protection from Sexual Exploitation and Abuse (PSEA) in relation to beneficiaries, and was published before the introduction of strengthened safeguarding measures throughout the UN and NGO sector over the last two years, including and in particular in humanitarian settings. DG ECHO's formal document on PSEA has not yet been published; PSEA is also considered by DG ECHO as a matter of contractual compliance with the relevant provisions of the Framework Partnership Agreement

The fight against sexual exploitation and abuses was mentioned in the DG ECHO Gender policy at the last paragraph of Chapter 6 (SGBV) and in its objective 3: protection. This was aligned with the IASC good practices on PSEA (2018). Although relatively short, the DG ECHO Policy was current for the time period when the policy was introduced. Since the introduction of the DG ECHO Gender policy, substantial work has been carried out at international level on both PSEA, much of this under the umbrella of Accountability to Affected Populations, and eliminating sexual harassment and abuse by, and of, aid workers. For example, in 2018 the IASC Principals endorsed a *Plan for Accelerating PSEA in Humanitarian Response at Country Level*¹⁵ with a focus on safe reporting, quality assistance for survivors, and enhanced accountability, including investigations. Community Based Complaints Mechanisms have also been strengthened globally and by individual agencies. IOM is currently coordinating work on sexual harassment and abuse of aid workers in emergencies.¹⁶

¹⁵ <https://interagencystandingcommittee.org/resources/iasc-products>.

¹⁶ <https://emergencymanual.iom.int/entry/21309/protection-from-sexual-exploitation-and-abuse-psea>.

The DG ECHO Gender policy was coherent with guidelines at the time it was developed by recognizing that sexual exploitation and abuse of those in a position of vulnerability could occur and humanitarian actors and processes had to protect beneficiaries. The DG ECHO Gender policy additionally recognised that the targeted beneficiaries are often left completely without power in humanitarian situations. This may create risk for beneficiaries who may feel compelled to trade sex for basic provisions; many other forms of exploitation and abuse can also occur and specific measures and coordination between humanitarian actors are necessary. These include the adoption and implementation of codes of conduct and the development of collective reporting and investigation mechanisms, as well as corrective measures, the aim being to ensure zero tolerance for any abuse. As noted, all of these areas have been strengthened considerably in the international humanitarian system over the last two years.

IASC Gender Policy Accountability Framework

Among major initiatives at global level, the IASC Gender Policy Accountability Framework has also been co-funded by DG ECHO/ERC. It has been piloted by UN Women and acknowledged by some other stakeholders interviewed. The report published in 2018 by the IASC Gender Accountability Framework report marked the first monitoring cycle of the IASC's Gender Equality and the Empowerment of Women and Girls in Humanitarian Action Policy endorsed in 2017. It provided a snapshot and baseline of where the structures and representation of the IASC stood during the calendar year of 2018 with regard to fulfilling the commitments, standards and roles and responsibilities set out in the Gender policy.

It is worth noting that, at field level, the report has recorded some positive achievements: 90% of the Humanitarian Needs Overviews published in 2018 had some degree of gender analysis included on the impact of the given crises on women, men, girls and boys (beyond just protection and reproductive health issues) and 55% of them demonstrated use of SADD in at least half of the clusters contained within them. However, it is important to note that only 45% of them contained both. Furthermore, the issues identified in the gender analysis were inconsistently applied to the prioritized actions of the clusters/sectors in the HRPs. It is worth noting that only 5 of the reporting countries had an independent gender analysis developed as a resource to feed into the humanitarian planning process.

Looking at specific action plans that address the specific needs (though not exclusively) of women and girls, the Humanitarian Response Plans were reviewed for inclusion of action on sexual and reproductive health (70% included), women's economic empowerment (70%), mitigation and response to GBV (65%). In addition, 70% and 95% of the HRPs included strategies and plans for PSEA and AAP, respectively.

Criterion 2.3. Coherence of DG ECHO Gender-Age Marker with major gender/age markers

Summary of findings: it was sometimes the same external experts who took part to the design of successive IASC markers, and also to DG ECHO's Gender-Age Marker. As a result, both markers are based on the same evolving approach, have inspired each other, and are generally consistent. Both focus on monitoring programme quality and capacity development and use a similar methodology for this. There is less coherence with the OECD-DAC gender marker, which is used for development assistance and – like the IASC marker and other UN agencies-specific markers - to track financial allocations.

The DG ECHO Gender policy mandated the introduction of a Gender and Age Marker (p.23): “The first and key deliverable for the implementation of this policy approach will be the introduction of a *Gender and Age Marker* into the Commission’s humanitarian aid programme. This tool will foster and track gender-sensitive humanitarian projects funded from the EU budget. It is based on a collaborative approach promoting a systematic and constructive dialogue between the Commission and its partners on how to adapt humanitarian assistance to the specific needs of women and men of all ages. The design of this tool will build on the lessons learned from existing markers, such as the one developed by the IASC (Inter-Agency Standing Committee).”

Gender markers were first introduced by OECD-DAC (the Organisation for Economic Co-operation and Development - Development Assistance Committee) in 2008 as an accountability tool to primarily track allocation of, and promote greater commitment to, resources for promoting GEEW. According to the OECD-DAC this has been a successful strategy, with significant increases to funding due to the transparency of the donor reporting system.¹⁷ Discussion of the introduction of gender markers began in the UN in the mid-1990s at UNDP (United Nations Development Program), and in 2012 the UN-SWAP (System-Wide Action Plan) made it mandatory for all UN agencies to introduce a resource tracking system to measure resources allocated to GEEW, and to set targets for adequate resource allocation based on their mandates, with the intention of aggregating resources allocated to GEEW across the UN system. The UN Development Group also developed guidance for gender markers in the UN in 2013, and the focus across the UN system has been very much on ensuring adequate resources for GEEW.¹⁸ The rationale for this was the perceived need to strengthen leadership on GEEW in the UN system, including through tracking of whether resources are adequate for the UN system to meet its GEEW mandate.

IASC Gender with Age Marker (2018)

The IASC and DG ECHO gender-age markers have been developed in close collaboration, and DG ECHO has funded initial parts of the development of the IASC Gender with Age Marker. The model used by the three external experts contracted by DG ECHO to draft the Marker was the previous IASC marker from 2009, in the preparation of which some of these experts had already been involved. GenCap (IASC Gender Standby Capacity) experts also visited DG ECHO while preparing the new 2018 IASC Gender with Age Marker, to ensure that it was ‘similar enough’. As a result, coherence is high. Both tools have examined to what extent actions integrate gender and age-related considerations in humanitarian responses and have been using rather similar measuring systems.

All gender markers including the DG ECHO Marker are using a variety of the coding system based on a gender-blind, gender-neutral, gender-integrated and (not for DG ECHO) a gender-targeted typology, based on the generally accepted twin-track approach to promoting gender – mainstreaming and targeted. The language differs concerning these categories, e.g. the IASC marker refers to “tailored activities”. The IASC gender marker was

¹⁷ OECD-DAC. *Follow the Money. Tracking Financing for Gender Equality*. UN Commission on the Status of Women, 2012.

¹⁸ UN Women. *Gender Markers: State of the Art*. Paper prepared for the Inter-agency Workshop on Gender Markers. Geneva, 2014.

first formulated in 2010. The DG ECHO marker largely coheres conceptually with the current IASC marker at both conceptual and technical levels. At the conceptual level both markers cover gender and age, and examine the extent to which essential programming actions address gender- and age-related differences in humanitarian response. Technically the two marker systems assess the whole of the programme cycle. They concentrate on similar areas – gender and age needs analysis and sex- and age-disaggregated data; mitigating negative effects; assistance adapted to the needs of different beneficiaries; and adequate participation of beneficiaries.

Main similarities between DG ECHO and IASC markers could be found in the fact that both are applied at the three key phases (design, implementation and closure) of a project; and that both are using a set of four main criteria - or GEM (Gender Equality Measures) for IASC.¹⁹ Three of the main criteria or GEM are quite similar: gender-age analysis and sex- and age-disaggregated data (SADD), adapted assistance, and adequate participation. The 4th criterion and GEM are slightly different as they look at the effects from different angles: avoiding negative effects for DG ECHO, and benefits (i.e 'problems are known and addressed') for IASC, in a lessons-learned perspective.

There were also some more substantial differences: DG ECHO's marker is only applied for humanitarian projects funded by DG ECHO, while the IASC marker applies to all coordinated humanitarian projects; and the DG ECHO Marker does not track financial allocations, unlike IASC's and various UN agencies' markers (see below). DG ECHO's is therefore mainly a technical tool rather than a political tool, focused on gender-age integration inside projects themselves.

Currently 41 percent of the 28 UN agencies have a gender marker in place, and a gender marker is also now mandatory for UN Country Teams. A substantially smaller number of UN agencies have developed complementary targets for allocation of resources to targeted and mainstreamed initiatives (22 percent).²⁰ Along with the challenges to accurate coding noted above, a system-wide review of application of gender markers across the UN system found that: "The capacity of enterprise resources systems, the absence of a tracking system and expertise to fully analyse information generated by gender markers to guide central strategic planning have been some of the obstacles."²¹

It should be noted that reviews by the IASC and UNDP found that there were substantial errors in allocation of codes to the IASC marker, which suggest a 'tick-the-box' process (or 'cosmetic application').²² This led at the IASC level to questioning of the rationale related to tracking resources, and a greater focus on using the gender marker for planning as opposed to accountability purposes. An as yet unresolved debate ensued as to whether gender markers should be used to track allocation of resources or should preferably be used for capacity and project development and tracking.²³ The review of the application of the DG ECHO Marker also found some inconsistencies in coding and the need for greater understanding of the purpose and application of the marker.²⁴

¹⁹ There are also eight "supporting" GEMs that appear in the monitoring phase to help users to reflect on what is working well and what needs to be changed in a project or programme.

²⁰ See ECOSOC (2020) "Mainstreaming a gender perspective into all policies and programmes in the UN system. Report of the Secretary-General." E/2020/50.

²¹ Joint Inspection Unit (2019) "Review of the System-wide Action Plan on Gender equality and the Empowerment of Women" Geneva: JIU.

²² Chap 3.2 of IASC Gender Marker Assessment Findings and Recommendations June 2014, UNDP, GenCap and Irish Aid

²³ Based on interviews carried out by the author of this section who was the lead consultant in the development of the UN-SWAP and ran two global workshops on the gender marker. And see UNDP (2015) "Evaluation of UNDP Contribution to Gender Equality and the Empowerment of Women." New York: UNDP; Irish Aid, UNDP and IASC (2014) "IASC Gender Marker Assessment: Findings and Recommendations", mimeo. See page 19 of the latter for a report on one of the two UN-SWAP gender marker workshops referenced and discussion of the purposes of the marker vis-à-vis resource tracking and intervention design.

²⁴ DG ECHO (2019) "Gender Age Marker: Report Assessment." Mimeo.

OECD/DAC marker for monitoring gender equality in development cooperation

As the main focus of the OECD/DAC Gender Marker was on capacity development, conceptually there was no coherence between the OECD/DAC Gender Marker and DG ECHO's Gender-Age Marker. Technically there was some coherence in terms of assessing similar areas although the OECD/DAC Marker focuses only on the project proposal phase and does not include age.

The OECD-DAC marker is a qualitative instrument (even more so than DG ECHO's and IASC's), but this one focuses on supporting gender equality and women's rights. The data has been used to track changes over time and inform decisions on funding allocations. The DAC gender equality policy marker was also a key monitoring and accountability tool in the context of the 2030 Agenda. It is the only common tool available to DAC members to track bilateral aid in support of the implementation of the Sustainable Development Goals (SDGs) commitments on gender equality.

The OECD/DAC Gender Equality Policy Marker (version 0.1.2 of Dec 2016) has been used by the European Commission's development cooperation to measure gender equality. Indeed, as part of the annual reporting of their aid to the OECD Development Assistance Committee, DAC members are required to indicate for each project/programme whether it targets gender equality, at the design stage, as a policy objective according to a 3-point scoring system (not targeted; significant; principal). In addition, DAC members are required to classify their projects under a specific purpose code – which is in some cases relevant to gender equality. The mandatory use of the OECD marker by EU Member States appeared as a constraint for the respondents to the COHAFA survey against the additional use of the DG ECHO Marker (see JC3.1).

Overall, discrepancies remain between the two markers as their objectives are not similar. In addition, as the OECD/DAC Gender Marker has been constructed to encompass development aid cooperation projects that are usually different in their scope, the OECD/DAC Marker remains difficult to apply as a tool for measuring EU humanitarian aid.

4.3 EU Added Value (EQ3)

EQ3. What was the EU added value of the implementation of DG ECHO's Gender policy?

Response to the EQ: EU added value was found in coordination and advocacy efforts by DG ECHO, in line with chapter 7 of the Gender policy. Such efforts were highly praised in the framework of DG ECHO's proactive leadership of the international initiative 'Call to Action on Protection from GBV in Emergencies' and its participation to the meetings of the EU Working Party on Humanitarian Aid and Food Aid (COHAFA). 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 was significantly strengthened in terms of coordination, bringing the initiative to the field, and the development of 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 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.

The evaluation criterion of added value does not originate from OECD/DAC but from the EU itself, which wants to assess - among others - the value it brings in addition to what Member States (and other international actors) are doing. The two (sub) criteria under this EQ3 are looking at coordination in the framework of the COHAFA committee, and at the EU leadership (managed by DG ECHO) of a key international initiative: the Call to Action on Protection from GBV in emergencies ('Call to Action' or 'C2A').

Criterion 3.1. Contribution of DG ECHO Gender policy to promoting Gender-Age Marker practices among EU Member States

Summary of findings: on average 20 percent of the 54 COHAFA (Working Party on Humanitarian Aid and Food aid) meetings organised from 2014 to 2018 have addressed some sort of gender-related issues. DG ECHO has been particularly proactive during its leadership of the Call to Action by presenting the Gender policy, the Marker, and regularly reporting the progress accomplished. As a result, the COHAFA members who responded to the survey have been very positive regarding the added value of DG ECHO's participation in the meetings. They stated that DG ECHO's interventions have stimulated more focused discussions at their own national level on the importance of gender-differentiated needs and responses. They also felt that DG ECHO's leadership of the Call to Action has strengthened the voice of the EU in the international arena. However, the EU Member States refrained from adopting DG ECHO's Gender-Age Marker as they saw a risk of confusion with the OECD gender marker which is already mandatory for them. External stakeholders felt that COHAFA is useful for sharing information on respective activities in the various Member States, but is not the right structure for in-depth technical discussions.

Between July 2014 (there were no minutes of meetings to be found before that date) and December 2018, a total of 54 meetings of the Working Party on Humanitarian Aid and Food aid (COHAFA) took place at the 'Consilium' building in Brussels. There was on average 1 meeting per month, except typically in the month of August. Out of this total, 11 meetings (20%) have considered gender-related issues, although the minutes that could be found on the 'EU Monitor' website were usually quite brief and outlined only the main topics of the discussions.

In particular, during the COHAFA meeting of September 2017 DG ECHO, which had just taken over the leadership of the Call to Action (C2A), made a presentation to the Member States about the tasks set out in the C2A Road Map, the Commission priorities (advocacy, prevention of GBV in emergencies, bringing the Call to Action to the field), and the main areas of work: strengthening advocacy and outreach, leading the Steering Committee, and implementing the Road Map. In 2018, presentations were also made by DG ECHO on the Gender policy, the Marker, funding, ERC support and C2A progress (new membership

including 5 EU Member States, there were also some new tools), and e.g. by UN Women about the Women, Peace and Security agenda.

Survey and Key Informants Interviews

As stated in the methodology (see also Annex G), the survey addressed to the COHAFA members has registered 6 respondents (out of 27 invitations). The results were overwhelmingly positive regarding the added value of DG ECHO's participation to the COHAFA meetings. These 'informative exchanges' contributed to increased and more focused discussions on the importance of differentiating needs and implementing an equitable response even in emergencies. The Member States appreciated the fact that DG ECHO has delivered valuable lessons learned and helped to stimulate discussions with their own humanitarian partners in relation to gender issues.

The survey respondents also highlighted the 'clear added value' which resulted at the EU level from the DG ECHO leadership of the Call to Action (see criterion 3.2), as this initiative has strengthened the voice of the EU on the international arena and has helped sustain the momentum on the importance of GBV prevention at the EU level and within the Member States. According to one respondent, the leadership highlighted the importance of keeping investing in prevention and adequate protection response.

However, respondents stressed that gender issues had not (yet) been given particular attention in the Nexus process and have so far been overshadowed by other priorities and challenges.

Regarding the practical use of the DG ECHO Marker by the Member States, all the respondents unanimously stated that, as OECD members, it was mandatory for them to report to OECD in the format required by the organisation, i.e. the OECD gender marker. The potential duplication of the two marker tools seemed a clear constraint, although the OECD Marker focuses on development aid and its main objective is to track allocations while DG ECHO's aims at improving over time the gender-age integration at project level. The respondents would appreciate more consistency - if feasible. As expressed by one respondent "the DG ECHO Marker is very comprehensive and helps to understand the important issues around women's and girls' empowerment in the context of a crisis and to respond better to their specific needs. However, this marker could be more linked to the OECD gender marker in order to avoid duplicating the tools".²⁵

Some external stakeholders who had the opportunity to attend COHAFA meetings were less positive. They outlined that COHAFA was 'not the right forum' for discussing gender issues. Meetings which addressed gender issues typically took place once or twice during the 6-month rotating presidency of each EU MS, and these involved mainly the sharing of information, explanations about respective activities, but no in-depth exchanges or joint programming.

²⁵ Note: the OECD marker aims principally at strengthening the transparency and accountability in development financing for gender equality and women's rights, but integrates indicators of SADD, gender analysis and do-no-harm (negative effects). Participation is missing in the OECD marker.

Criterion 3.2. Added value of DG ECHO's leadership of the Call to Action and Roadmap on GBV

Summary of findings: notable progress during C2A's EU/DG ECHO leadership was found in terms of coordination, bringing the initiative to the field, and the development of tools for the initiative (i.e. the setting up of a web site, an M&E framework and a standard reporting template, a logo). The leadership has furthermore been very active in reaching out with no less than 18 events and workshops in 18 months (8 high-level events and 10 workshops at field level), and the welcoming of 18 new partners.

Through ERC funding, DG ECHO supported UNFPA and the Women's Refugee Commission to pilot the Road Map process in Nigeria and the Democratic Republic of Congo, to develop a toolkit on how to set up a context-specific Road Map, and to develop Inter-Agency Global Minimum Standards on GBV in emergencies. At the same time, also by supporting UN Women/Oxfam for the revision of the IASC Gender Handbook (which started before the C2A leadership, but was finalised in 2018 during the EU's C2A leadership) added value.

In Nigeria, the Road Map has succeeded – among many other results – in attracting increased financial support, pushing the country humanitarian leadership to stronger advocate for GBV prevention and programming, and steering stronger involvement from GBV frontline actors, particularly local actors, women-led groups and civil society. These achievements attracted very positive comments throughout the survey forwarded to the C2A Steering Committee members, and the KIs. The report published *ex-post* under Canadian guidance calls 2018 a 'landmark year'.

After the end of EU's leadership and a smooth handover, the momentum has been maintained by Canada, even though challenges remain in key areas such as predictable funding, capacities on the ground and Nexus connections. The process in Nigeria is still supported by the Federal Ministry of Women's Affairs of Nigeria despite some institutional changes. Collaboration between the pilots of the Call to Action Road Maps and the GBV Accountability Framework has increased. The Road Map impact on final beneficiaries (e.g. from increased GBV services for people at risk or requiring case management response) has not yet been measured.

The Call to Action on Protection from GBV in Emergencies (hereafter 'Call to Action' or 'C2A') has brought together more than 80 humanitarian stakeholders (States, donors, international organisations, NGOs) to drive structural change and foster accountability for addressing GBV in emergencies, from the earliest onset of a crisis. The C2A aims to reinforce the efforts of the GBV sub-sector and other humanitarian processes, based on high-level advocacy and strategy, global partnership and coordinated field implementation of the action. To further operationalize the C2A initiative, a Road Map has been set up for the period 2016-2020 (Canada has facilitated the development of a new Road Map 2021-2025, launched in 2020). The Road Map sets out common objectives, targets, a governance structure and an M&E system, to ensure that pledges are translated into concrete and targeted actions on the ground. The Road Map has set 6 outcomes that must be achieved by 2020.

The EU – through DG ECHO – has been a member of C2A since its creation in 2013. In 2017, to help strengthening the commitments against GBV that could be found both in the DG ECHO Gender policy and in the EU GAP II, DG ECHO (on behalf of the whole EU) assumed the leadership of C2A. This leadership lasted from June 2017 to December 2018 - when it was smoothly handed over to Canada - and it has been active at multiple levels.

The EU's leadership of the Call to Action was guided by four main priorities.

1. Increase advocacy on the prevention of and response to GBV in emergencies. DG ECHO organised high-level awareness-raising events in Brussels, Geneva and New York, and undertook outreach which managed to welcome 18 new partners into the C2A, including five EU Member States.
2. Increase focus on prevention of GBV in emergencies. In this perspective DG ECHO provided support for the revision of the IASC Gender Handbook (criterion 2.2). Many of the events that DG ECHO hosted discussed issues relevant to prevention, risk mitigation, and collective responsibility of humanitarian actors to address GBV in emergencies.
3. Raise awareness of the C2A at the field level. DG ECHO supported in particular the operationalisation of the Call to Action in Nigeria and DRC by funding a two-year project which started in early 2018. As a result, the C2A Road Map was launched in Nigeria in September 2018, although the DRC process was more protracted (see KII's below). Other activities included supporting the development of the inter-agency Global Minimum Standards on GBV in emergencies and organising 10 field workshops through the DG ECHO regional/field offices to raise awareness on GBV in emergencies and the C2A in Afghanistan, Colombia, Kenya, Cameroun, Iraq, Jordan, Sudan, Thailand, Turkey, and Senegal. These workshops attracted some 500 participants and the KIIs confirmed that they were duly appreciated.
4. Lead the implementation and monitoring of the C2A Road Map 2016-2020. DG ECHO facilitated the finalisation of the Call-to-Action M&E Framework, piloted a new standardised reporting tool, and facilitated the drafting of the 2017 Call to Action Progress Report. Furthermore, DG ECHO set up the C2A website and created a logo for the initiative.

The first Progress Report published under the Canadian leadership recognized 2018 as 'a landmark year for the Call to Action' under EU Leadership. The report outlined steady progress, some of which resulted from DG ECHO's efforts such as continued establishment of policy frameworks and enhanced accountability by the C2A partners and strengthened advocacy. The GBV AoR (Area of Responsibility), which had been supported by DG ECHO through the UNFPA C2A project (but not for the deployment of experts), also supported coordination capacity remotely and through the deployment of experts in 18 countries, working closely with GBV coordinators, national governments, and humanitarian leadership. Successes included a revised GBV strategy in Somalia, a GBV risk mitigation strategy in the Whole of Syria response and the official launch of the new GBV coordination group in Libya.

According to the report by Canada, challenges still included: more dedicated specialized human resources and increased and predictable funding; deeper organizational accountability, including senior management engagement and support; improved global support for C2A efforts at the country level; and strengthened partnerships with local women and local women's organizations and support of their knowledge, capacities, and experience. Furthermore, the Canadian representative stressed that the donor members of the C2A Steering Committee were essentially Western countries, plus Japan. Peru is the exception, but other (such as the United Arab Emirates or Iraq for instance) need to be engaged.

Survey and Key Informants Interviews

The results of the survey sent to the C2A Steering Committee members were overwhelmingly positive about the C2A leadership by DG ECHO (Annex G). According to the respondents DG ECHO's biggest contribution during the leadership period was to bring the C2A to the field. 80% of the respondents were satisfied with the performance (one respondent did not know). The highest levels of satisfactions were expressed about the implementation of the Roadmap and the overall organisation. Where levels were relatively

lower, the respondents stressed either that they did not know or had a 'neutral' opinion (for instance about the annual reporting process). The respondents were also particularly satisfied with the welcoming of 18 new C2A partners during the DG ECHO leadership, the accessibility and comprehensiveness of the website, and the impact reached through the global awareness-raising events organised in Brussels, Geneva and New York. In terms of GBV prevention, the most important action was felt to have been the EU-supported revision of the IASC Gender Handbook (100% agreement). The most successful measure taken for strengthening the C2A impact at field level was the development of Inter-Agency Global Minimum Standards on GBV in emergencies (100% agreement), followed by the Roadmaps in Nigeria (80%) and DRC (60%), and finally the regional workshops.

The above was largely confirmed by the interviews. Stakeholders outlined for instance that DG ECHO managed to "kick start" or "re-energise" the C2A process. Before the EU leadership C2A was essentially a 'global', 'top-down' initiative; DG ECHO has engaged it at the regional and country levels with the series of workshops and its support to the Road Maps in Nigeria and the Democratic Republic of Congo (DRC). This orientation towards the field has helped to improve the field actors' understanding and involvement, and has encouraged local organisations to sit at the table with the donors.

The Road Map has been less successful in DRC where the process was delayed and started only in 2019. According to interviewed stakeholders, reasons were multiple and included: different management settings, a more widespread crisis, donors who were more focused on development, initially an exclusive focus on sexual violence in Eastern DRC, the government's paralysis during the presidential election, and a lack of funding.

It should be noted that the Real Time Accountability Partnership (RTAP), which was supported by OFDA, has been piloted at the same time as the C2A Road Map. The Road Map has included RTAP elements and RTAP was presented at C2A workshops (Iraq, Nairobi). A joint meeting was held in October 2018 to decide how the two initiatives would best fit together. This task has also been one of the priorities of Canada, and RTAP has since been merged into the GBV Accountability Framework, adopted in 2018 by the Call to Action as a way of operationalising the Road Map – as have the pilots of the Road Maps, as a methodology.

4.4 Effectiveness – Policy (EQ4)

EQ4. What has been the effect of the introduction of the DG ECHO Gender policy? What are the concrete results achieved through the three forms of intervention? To what extent were these actions achieving the objectives stated by the EU's humanitarian Gender policy? Issues to consider are e.g. what the concrete results for SGBV and SRH have been and to what extent the EU's humanitarian Gender policy has promoted gender-sensitive projects funded, as well as the results of DG ECHO's efforts in capacity-development, dissemination and coordination/ advocacy.

Response to the EQ: Overall, the Gender policy has significantly improved gender and age integration in humanitarian programming. Prior to the policy, women and under-five-year-old children were often considered as the most vulnerable groups 'by default' by most actors. Mainstreaming has been operationalised with positive effects on gender and age integration, although the specific needs of some vulnerable sub-groups (for instance male survivors of GBV, the elderly who are not supported by their families, or men and boys victims of conflict-related violence) may have been overlooked by overly standardised approaches by some partners.

Targeted actions have registered a significant increase in the reported number of GBV and SRH beneficiaries in all three sub-sectors of focus – which is due to the design and implementation of targeted actions under the policy and to better reporting tools, in particular adapted key results indicators (KRI). One software limitation was noted which blurred the distinction between prevention and response KRIs under Protection-GBV. Targeted actions were not sufficiently contextualised in some cases; beneficiaries outlined in particular the importance of livelihoods to 'bounce back' after GBV traumas.

Effectiveness could be found in all the capacity-building projects which have been funded by the Enhanced Response Capacity programme (ERC) of DG ECHO, particularly when the ERC projects provided leverage effects and synergies by supporting global initiatives such as the Call to Action on Protection from GBV in Emergencies or IASC guidelines.

Cultural factors and the dynamics of crises have so far limited the participation of women and girls, in the three case studies. With limited evidence, protection from GBV seemed to have increased proportionally to the extent of gender and age analysis, which helps mainstreaming protection from GBV throughout sectors and designing relevant targeted actions.

As also outlined in EQs 3 and 7, the efforts of DG ECHO in terms of coordination and advocacy have been highly appreciated and have yielded positive results, which have not yet always been sustained thanks to a Nexus approach.

The evaluation criterion of effectiveness is particularly important for assessing the implementation of the Gender policy and its results; it has therefore been addressed through two separate evaluation questions. The first EQ here below is looking at the three forms of intervention foreseen in the policy: mainstreaming, targeted actions and capacity-building, which were successively reviewed in three corresponding (sub) criteria.

Criterion 4.1. Effects of the Gender policy on mainstreaming of gender and age considerations in humanitarian operations

Summary of findings: The Gender policy has significantly improved gender and age integration in humanitarian programming. Prior to the policy, women and under-five-year-old children were often considered as the most vulnerable groups ‘by default’ by most actors; the elderly and persons with disabilities were rarely covered as groups with specific needs - generally by partners with adapted mandates; boys and men were never targeted in the reviewed operations. The pre-2014 eSF format was not structured either for proper reporting of gender approaches.

All interviewed partners (and some beneficiaries in Nigeria and Bangladesh) stated that the needs of the ‘main’ gender (M/F/B/G) and age (children, the elderly) groups have been mainstreamed in the interventions. The field actors also stated that gender, age and disability inclusion were considered in programming with the contribution of various beneficiary committees. Surveys confirmed that mainstreaming has been operationalised, with positive effects on gender and age integration. DG ECHO staff and partners overwhelmingly agreed that the policy had a positive impact on systematic integration of gender and age considerations into humanitarian assistance, with the application of inclusive approach for all gender and age groups according to their needs.

Cultural factors and the dynamics of crises have however limited the participation of women and girls, in the three case studies. Context-specific issues and highly vulnerable sub-groups (male survivors of GBV, adolescent girls, single mothers, widows, the elderly who are not supported by their families, LGBTI, 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, and people facing barriers due to certain types of impairments) were not always sufficiently considered, as some partners tend to follow a ‘business as usual’ approach by applying preferably their own standard policies and procedures rather than developing a comprehensive risk analysis.

Those partners with a gender transformative agenda stressed the need to better address root causes of gender discrimination which, from DG ECHO’s perspective, need to be addressed by – or in synergy with – ‘long-term strategies aimed at linking relief, rehabilitation and development’ (Gender policy, 7.1) and currently through the Nexus.

Information about the level of gender and age mainstreaming achieved in the implementation of the DG ECHO policy has been triangulated through the surveys addressed to staff members and partners, key informants interviews (KIIs) with field actors in the case studies, and a comparison with the ex-ante situation.

Surveys

DG ECHO staff overwhelmingly agreed (73,4%) with the survey statement about inclusive approach ‘DG ECHO-funded Humanitarian Assistance is provided to all gender and age groups on the basis of their different needs’. This was much less the case regarding another statement ‘The introduction of the Gender-Age Marker has translated into better and more consistent gender and age mainstreaming’. Less than half of the respondents (45,9%) agreed, arguably because the statement had mixed the issue of mainstreaming with the Marker (see EQ5). This should be seen in the light of the equally mixed replies to some of the proposed statements about efficiency, many of which also concerned the Marker.

The DG ECHO partners also largely agreed (65,9%) on the proposed statement over mainstreaming that “The introduction of the Gender policy has had a positive impact on the systematic integration of gender and age considerations into humanitarian assistance”. Nearly all 26 open comments on this issue highlighted the importance of DG ECHO having established the Gender policy and related tools. The majority of partner respondents (also

65%) agreed that the main detectable impact was the fact that the awareness for the necessity of gender sensitive aid planning and aid provision has intensified significantly. At the same time respondents called for more attention being devoted to gender issues during monitoring.

In reply to their dedicated survey, the DG ECHO partners highlighted a few good-practice cases funded or co-funded by DG ECHO, such as for instance the response to Typhoon Mangkhut in the Philippines in 2018. The project was accompanied by a training package, including gender sensitization for households, gender equality, and women's involvement in decision-making and public spaces.

Key Informants Interviews

All the interviewed partners and beneficiaries in Nigeria and Bangladesh (Rohingya case study) confirmed that the needs of the 'main' gender (M/F/B/G) and age (children, the elderly) groups overall have been considered in the interventions. The partners also stated that age, gender, and disability were recognised throughout various committees such as youth and women's groups.

However, partners in Nigeria, Palestine and Bangladesh stressed the need to consider more carefully context-specific issues. Some highly vulnerable 'sub-groups' are still partly missed in gender and age mainstreaming into general programming such as adolescent girls, single mothers, widows, elderly women, LGBTI, 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, and people facing barriers due to certain types of impairments. Some partners tended to follow their own standard policies and procedures in their programming, which amounted to a 'business as usual' approach. Needs analysis and proposed adapted assistance were shaped to justify interventions, many of which were part of a standard approach by these partners (education, healthcare, WASH etc). The needs of different groups and sub-groups did not always appear to have been thoroughly investigated before deciding on priority actions and modes of delivery.

Many humanitarian partners in Nigeria considered that the humanitarian response is not grounded in a comprehensive gender analysis and understanding of gender dynamics. Such analysis, shared by DG ECHO, also contributed to the selection of Nigeria for the implementation of the C2A Road Map. An UN agency stated that the humanitarian leadership consisted predominantly of men and was often dismissive about mainstreaming gender. Despite the recruitment of a gender focal point (GenCAp) to advise the Humanitarian Country Team (HCT), the lack of prioritization of gender at the leadership and humanitarian community level has been a fundamental barrier to the development of a clear vision and objectives on gender all humanitarian actors can contribute to. Such vision/objective has been encouraged by DG ECHO within the HCT, including through the development of the HCT Gender and Centrality of Protection strategies.

Furthermore, according to one partner (committed to gender transformative approaches), "the struggle in programming is in maximizing gender mainstreaming". ∴ Challenges can be found in ensuring

- inclusive participation of all community subgroups in the design, implementation and monitoring of humanitarian responses;
- that analysis of the discriminatory social and cultural gender norms, beliefs and attitudes that cause inequality and harm is carried out, and adequate gender-responsive programming implemented, by both humanitarian and development actors.

As expressed by the partner "the groundwork has not been laid" in Nigeria, and the programmes which aim at addressing the root causes of gender issues are generally not funded by humanitarian donors as these involve a longer-term perspective and gender

transformative community mobilisation. It should however be stated that the EU Delegation in Nigeria is funding a range of partners to contribute to address such issues, including in conflict-affected areas in the Northeast (Nexus), and/including through the Spotlight initiative (see also the Nexus in criterion 7.2). It should also be noted that some DG ECHO-funded partners have been working on short-term approaches, including on how to engage men and boys and eventually contribute to a change in behaviour towards more gender equality.²⁶

The situation was similar or worse among the **Rohingya** refugees, where gender equality and prevention of GBV is being challenged by deeply-rooted religious and social behaviour such as the strict upholding of purdah.²⁷ As a result, traditions prevent most women and girls to leave their homes and reach the safe spaces that DG ECHO partners have set up in every camp. Among the refugees in Bangladesh, many Rohingya women and girls – but also men and boys - have been witnesses or victims of Sexual and Gender-Based Violence due to killings, tortures, and the use of rape as a weapon, in connection with the burning of their villages. However, intimate partner violence and early marriage (of both girls and boys) are also deeply rooted and considered ‘acceptable’ within the Rohingya community.²⁸ GBV is often underreported for reasons of stigma or fear, and dropout rates from case management are high.

In **Palestine**, progress was being made around gender and age mainstreaming, and targeting of specific gender and age groups improved. DG ECHO’s Gender policy and Marker were found to provide a framework on how to approach gender and – to a limited extent – operationalize it.

Integration of gender considerations has progressed over the years. While there is more emphasis on targeting the specific needs of different gender and age groups through a needs-based approach than in previous years, it was found that this is not systematically based on a gender analysis identifying gaps and priorities for different gender and age groups.

Gender analysis in support of humanitarian actions is fragmented and often undertaken by an individual organisation. Where the action was performed by a consortium, more thorough analysis existed depending on the expertise and focus of the participating organisations. It also became evident that there is a disconnect between the development and humanitarian spheres of interventions and analysis. This fragmentation, limited human resources, short funding durations and high operational pressures were factors highlighted by the different stakeholders as negatively impacting systematic gender analysis. Different studies and research products exist but these remain fragmented and result in a disjointed approach on gender issues in Palestine.

During the interviews in Palestine, partners stressed the need for further strengthening the gender lens when responding to the needs of different gender and age groups. It was found that certain age groups were not sufficiently targeted, such as the elderly, men and youth. For the elderly, while it is customary for families to look after their older members, this practice is declining often because of economic and financial pressures, with the elderly becoming increasingly vulnerable. Because of cultural values and expectations, this is rarely discussed and therefore older people are often not captured in needs assessments. Targeting men and youth had increased especially reaching out to male youth with a

²⁶ Such as EMAP and SASA! Descriptions are available on: <https://gbvresponders.org/prevention/>

²⁷ Purdah means "curtain"; it is a religious and social practice of female seclusion prevalent among some Muslim and Hindu societies. For Rohingya women, exercising purdah takes two forms: covering one's body from the gaze of men who are not immediate family and gender segregation often achieved by remaining inside their own homes for much of the day.

²⁸ According to studies by DG ECHO partners, it is a woman's duty to obey her husband. Women fear that their husbands will remarry, leaving them with no financial stability, no opportunity to earn money, and no opportunity to remarry, whenever a husband feels his wife is deviating from her duty, he perceives it is his 'right' to abuse his wife physically, emotionally, and sometimes sexually. Girls are usually married within two to three years after they start menstruating, between the ages of 12 to 16; as Rohingya women are prohibited from working, early marriage is their only form of security. It is widely believed by men and women that "it is a parent's religious duty to marry off their daughters early"; dowries are lower, and they gain space in their crowded shelters.

protection lens. DG ECHO in Jerusalem has been advocating for an increased emphasis on reaching men and boys, but it was found that various partner organisations were not aware of this priority focus. Better understanding on how best to address the gender needs of men and boys under humanitarian action is needed among the partners. Overall, it was found that marginalisation and deprivation within the vulnerable groups that ECHO targets was not sufficiently analysed or understood.

In Palestine discussions between DG ECHO and the partners on the Gender policy and the Marker have been limited mainly because of the links between limited resources, high operational demands, and a very volatile and demanding context. Based on the responses from the interlocutors, it was found that while the marker and the policy illustrate the importance that DG ECHO places on gender, a more systematic dialogue and feedback on documents, Gender-Age Marker ratings and practices from a gender and age perspective would make the position of DG ECHO stronger and avoid that the Marker becomes even more of a 'box-ticking' exercise.

There were mixed experiences with using the Marker. Within some organizations the tool has mainly been used by those in charge of the donor relations and those responsible for project designs and reporting. For others the Marker encouraged their organisations to reflect on gender and age. However, it was evident that all of the 'key elements' to be considered within the four criteria of the Marker (see EQ 5) were not always reviewed at the design or reporting stages.

Situation before the gender policy

The analysis of the 'baseline years' 2012-2013 prior to publication of the Gender policy has investigated the presence of key common elements such as gender mainstreaming analysis, relevant indicators in the logical framework, participation of the beneficiaries (disaggregated by gender and age) to various phases of the project, and sex- and age-disaggregated data.

It was found that, with a few exceptions (two partners who used to work rather in high-emergency settings), gender mainstreaming was already present in the pre-policy approaches but only partially so. Often women (60% of all cases) and children of under 5 years were considered as the most vulnerable groups 'by default' as women of child-bearing age and young children (boys and girls) are generally among the most vulnerable members of human societies worldwide. The elderly and persons with disabilities were sometimes considered, boys and men never. GBV was rarely (1 case) a matter of systematic attention.

The pre-2014 format of the electronic Single Form (eSF) – which varied from year to year - was not structured for optimum reporting of gender approaches or for systematic mainstreaming: gender issues were to be reported in a general-purpose section of the document. With the Gender policy, the eSF structure became better adapted to outlining gender issues (needs analysis, responses, consultation, disaggregated data...) allowing for easier checking of gender mainstreaming. The introduction of the Gender-Age Marker also helped to structure DG ECHO comments on gender issues in section 5.1 of the eSF.

In the surveys, one statement concerned the situation prior to the introduction of the Gender policy in July 2013. It collected very high rates of "do not know" answers (41,3%) and "neutral" ones (22,9%), which probably reflect the low number of 'institutional memories' that were already in place at the time, and the high staff turnover rate. Among those who could reply, the feedback was nevertheless positive: 29,4% agreed that the policy had significantly improved the gender- and age-sensitive programming, and only 6,4% disagreed. The situation was the same among the DG ECHO partners more that 41% of the respondents declared that they could not judge. In Nigeria and Palestine, the interviewees did not have the institutional memory to recall the introduction of the Gender policy and the Marker.

Criterion 4.2. Effectiveness of the design and implementation of targeted actions

Summary of findings: the numbers of targeted actions in the three sub-sectors of focus (Health-SRH, Health-GBV and Protection-GBV) and their beneficiaries evolved during the evaluation period, from 104 projects in 2014 to 175 in 2016 and back to 132 in 2018 (for a total of 713 gender-relevant targeted actions over the 2014-2018 period).

The number of targeted beneficiaries, as reported through the Key Result Indicators (KRI) strongly increased over the period. This increase was largely driven by the introduction of new KRIs and the better reporting in HOPE against the relevant KRIs. For instance, Protection-GBV introduced its KRIs in 2017 and reported 17.020 beneficiaries in that year (with only 2% of projects reporting any value), against 60.745 the following year (when 73% of projects reported on one of the two relevant KRIs). The *reported* number of GBV survivors treated within 72 hours (Health-GBV KRI) increased from 66 in 2016 (10% of projects reporting the KRI) to 4.857 in 2018 (with 74% of projects reporting the KRI). The total *reported* number of live births in the presence of a skilled attendant (Health-SRH KRI) increased from 14.339 (with 4% of projects reporting the KRI) in 2016 to 374.465 in 2018 (when 85% of projects reported values). The budgets increased proportionally in all 3 cases and also relatively to the overall sector budget, although this trend is more perceptible for Health-GBV; the shares of these targeted actions in the overall budgets of the Health and Protection sectors can be found under criterion 6.1 (figures 10, 12 and 14).

The majority of targeted actions (52-66%) in all three subsectors took place in Africa. Many targeted actions belonged to more than one of the three sub-sectors on which the evaluation has been focusing. The share of Protection-GBV projects that integrated a Health-GBV (medical response) dimension doubled between 2017 (9%) and 2018 (18%). 30% of all Health-GBV projects also reported being active under the Protection-GBV sub-sector.

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.

An important lesson learnt from beneficiaries in Nigeria (confirmed in Bangladesh) was that, after the initial response, income generation is the most appreciated type of assistance, as it gives hope for the future and effectively helps the survivors (both men and women) to overcome their traumas.

In Nigeria, the overwhelming majority of the reviewed projects (82%) concerned Protection, rather than Health, activities. From the perspective of the protection actors, there was reportedly often a big gap in quality health response to GBV, as few partners had the right capacity. Lack of complementarity between health and protection actors was also often reported.

There were no P- or H-GBV and SRH targeted actions in Palestine. It was not evident why there have not been targeted actions in these fields. Other types of targeted actions (boys / men victims of violence) were needed, and DG ECHO has considered these areas.

Methodological clarification: this chapter presents the portfolio analysis of targeted actions based on DG ECHO’s HOPE database and case studies, completed by surveys and interviews. It should be outlined that the Gender policy (chapter 5.2.2) allows a rather wide and contextualised scope of such actions, as it stipulates that “in order to respond to specific gender -induced vulnerabilities, needs and risks, - particularly when one group is more vulnerable than others – actions targeting that specific group may be deemed necessary”. However, the ToR of the present evaluation (Annex A) were focused on targeted actions that pertained to at least one of the following three sub-sectors: GBV under the Protection sector, GBV under the Health sector, and Sexual and Reproductive Health (SRH) under the Health sector. The evaluation’s analysis has therefore been centred on these three types of targeted actions. Over the period covered by the evaluation (2014-2018), 713 projects fulfilled this criterion and were thus considered for the analytical review which is presented below.

A. Portfolio review of all targeted actions

The first indicator under judgment criterion 4.2 in the evaluation matrix (which, being very detailed, is not attached to this synthesis report) aimed at providing an overview of the geographical and temporal distribution of targeted actions, as well as of main partners involved and breakdown by gender and age of the beneficiaries.

A total of 713 targeted actions were carried out over the period 2014-2018. Figure 1 below presents the distribution of targeted actions between the main region of activities of DG ECHO (Africa, Latin America & Caribbean - LAC, Middle East & Eastern Neighbourhood - MEEN, and Worldwide / others). For the 3 sub-sectors of focus in the ToR, as can be seen, the vast majority of targeted actions (between 52% and 66% for the three sub-sectors) took place in Africa, reflecting the geographical distribution of DG ECHO projects in general. This finding concerns the number of actions and not the budget, as there is no data on the budget allocated specifically to the targeted action as a part of the project. Notably, worldwide projects included only two projects funded under the ERC HIP.

Figure 1: Targeted actions (3 sub-sectors in ToR) funded by region

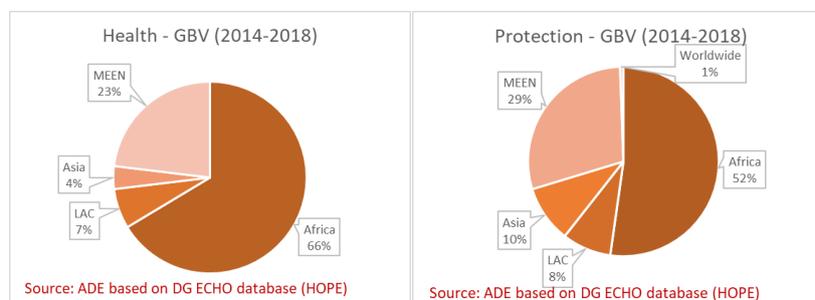


Figure 2 below shows the evolution over time of the number of projects funded for the three sub-sectors of focus. As is clearly visible in the figure, activities related to GBV under the Health sector only started being recorded in a separate category in 2016 (with only a single project in 2015). This does not mean that previous Health projects did not address GBV, but it was not possible to identify such projects from the information recorded in the HOPE database. The number of SRH targeted actions peaked in 2015, and Protection (P-)GBV peaked the following year, after a slower start. Figure 3 presents similar findings based on the amounts spent²⁹ for each sub-sector. Reasons for variations could not be explored.

Figure 2: Number of targeted actions (3 subsectors of focus in ToR) funded by year

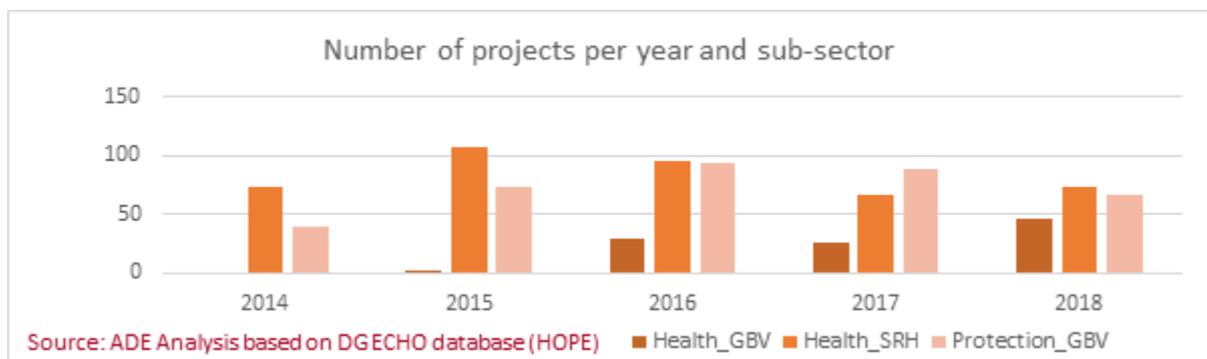
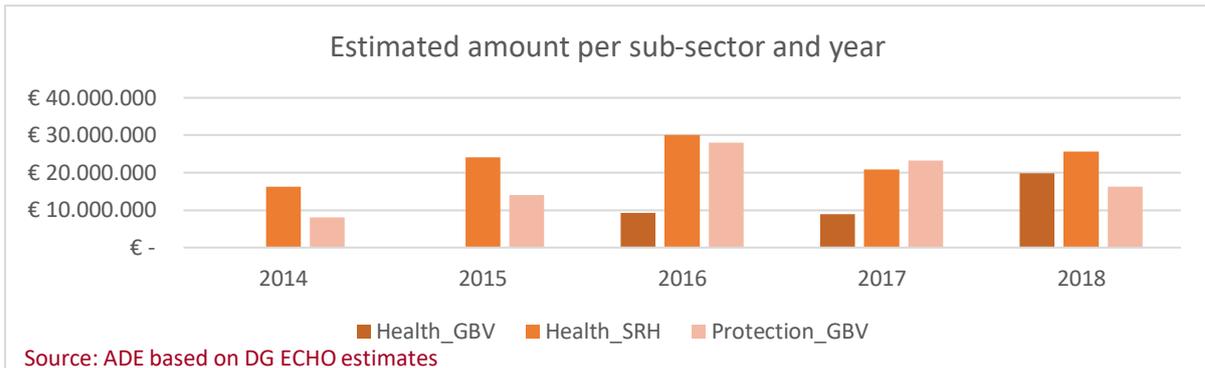


Figure 3: Estimated amount per sub-sector for targeted actions

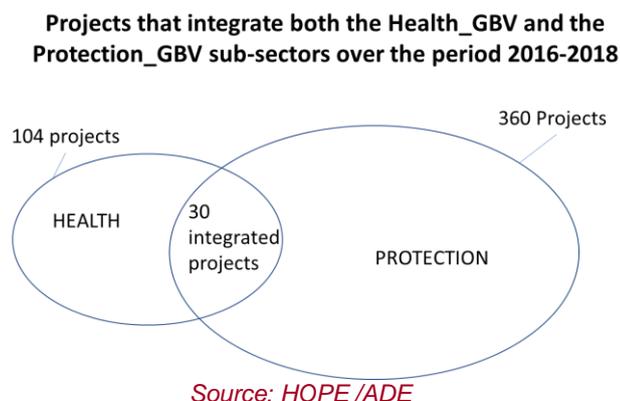
²⁹ It should be noted that the amounts spent are only reported in HOPE at the level of the sector. Amounts per sub-sector presented here are based on estimates made by DG ECHO for the purpose of this evaluation.



An analysis (per region) of the 10 main DG ECHO partners (both UN agencies and NGOs) which have implemented targeted actions over the period 2014 – 2018 showed that those partners alone have implemented between 59% (in Africa) and 84% (in LAC) of all targeted actions.

Another analysis has attempted to classify the beneficiaries of all targeted actions by gender and age groups. This analysis was not conclusive due to missing or lack of accurate information: some projects reported only the total number of beneficiaries without disaggregated data, and others did not report beneficiary data at all. In the first case, unclassified beneficiaries were automatically considered as females by HOPE, which resulted in an average share of female beneficiaries ranging from 62% to 68% over the years. Furthermore, the breakdown of beneficiary was available at the project level and not at the results level. As targeted actions were often part of a larger project which was also targeting other sub-sectors, results were at best an approximation.

Figure 4: Degree of integration of GBV projects between Health and Protection (2016-2018)



Many projects with targeted actions included more than one of the three sub-sectors of focus. An analysis was made regarding the degree of integration and the percentage of projects under Protection-GBV that have also a Health-GBV component and *vice-versa*. It could be observed that the share of GBV projects under the Protection sector that integrated a Health dimension doubled between 2017 and 2018. However, projects addressing GBV under the Health sector tend to have a higher degree of integration of the Protection dimension (around 30%). Anecdotal findings from some DG ECHO experts pointed at the possible explanation that Protection GBV actions do not necessarily include the same partner’s expertise that is required to provide direct clinical care (in most cases this is ensured through referrals to other specialized service providers). In addition, usually Health actors providing clinical care to GBV survivors had this specific service embedded within more general Health actions and consultations, while Protection actions tended to provide a more holistic case management to GBV survivors, often centred on ‘psychosocial support’ or awareness-raising, with medical care being just one of the several components.

B. Portfolio review of targeted actions in the Protection sector

The second indicator under criterion 4.2 in the evaluation matrix focused on targeted actions funded in the Protection sector, under the GBV sub-sector. As for the overall analysis hereabove, the breakdown by gender and age of Protection beneficiaries was not conclusive. Unclassified beneficiaries were also considered by default as females. Furthermore, the breakdown of beneficiary was available at the project level and not at the results level. As targeted actions were often part of a larger project which was also targeting other sub-sectors, results were at best an approximation.

Another analysis aimed at presenting an overview of the results achieved in the GBV sub-sector as measured by the Key Result Indicators (KRI). There are two possible KRIs for the Protection-GBV sub-sector: Prevention (*“Number of persons reached by the implementation of specific GBV prevention measures”*) and Response (*“Number of survivors who receive an appropriate response to GBV”*). This resulted from a request by partners themselves to better measure outputs: the fear was that the statistics would mix up the many beneficiaries of prevention activities (awareness-raising etc) with the much more limited number of those who received responses (case management etc). However, the partners were forced to insert one of these two KRIs as a custom indicator in the DG ECHO database, even if their projects were providing both prevention and protection activities - which was often the case. The analysis shows that the partners’ choice of custom indicator appeared to have often been made at random. This software limitation restricts what can be searched for in the system, although it does not limit the possibility within one specific action to measure both response and prevention.

Caveats to this analysis included the relatively high number of projects with missing information, as the two KRIs mentioned above were only introduced at the end of 2017 and started to be used widely in 2018. In addition, until 2017 KRIs were not automatically added to the Single Forms. It was up to the partners to add the relevant KRIs based on DG ECHO’s guidelines. This resulted in an impressive jump in 2018 in the number of projects which were referencing values for the relevant KRIs.

There were 360 projects in the Protection-GBV subsector from 2014 to 2018. Over this period, only 50 projects have referenced one of the two sub-sector specific KRIs, all of them (but 2) in 2018. The period used for the analysis of the KRIs was therefore extended to include 2019, which increases the number of projects considered to 94. The analysis of those 94 projects which showed Protection-GBV KRI from 2017 to 2019 (there were none before) demonstrated that:

- the number of projects reporting on one of the two Protection-GBV KRIs was 2 in 2017 (due to late introduction of KRI), 48 in 2018 and 44 in 2019;
- the total numbers of targeted beneficiaries accordingly increased from 12.520 in 2017 to 96.773 in 2018 and 114.267 beneficiaries in 2019. This last number was essentially due to the massive protection assistance provide to the Rohingya refugees in Bangladesh (33.500 beneficiaries);
- the average number of targeted beneficiaries is around 6600 for prevention activities and 1000 for response activities; and
- most projects took place in Africa (59 projects out of 101, or 58%), followed by MEEN (14 projects), LAC and Asia (12 projects each).

Among these 94 projects, 74 have selected the primary use of the ‘response’ KRI, and 20 projects have opted for the ‘prevention’ KRI. However, as explained above, this might have been due to registration limitations and did not preclude the use of both approaches in different components of the same projects (for instance 2 expected results in the logical framework or 2 activities/indicators under the same result). Indeed, the typology analysis showed that a large majority of both ‘primarily response’ projects (48 out of 74) and ‘primarily prevention’ projects (15 out of 20) have integrated the other type of intervention (‘secondary’ prevention or response) under another indicator of the same logical framework result, or under another result.

The analysis therefore tended to show that the initial objective of output measurement was flawed:

(1) the distinction between ‘response’ and ‘prevention’ KRIs for P-GBV, in the lack of adequate software or of two distinct subsectors which would have allowed two KRIs, could not properly reflect the reality of the projects which have mostly (and quite logically) adopted an integrated approach to protection; *and*

(2) the choice made by the partners between ‘primary’ response and prevention KRI did not always appear consistent or fully justified - even considering the registration limitations – in view of the project’s description or the numbers of respective activities and beneficiaries.

A typology, summarised in the table below, was also made regarding the various types of Protection-GBV prevention and response activities as described by the partners in the electronic single forms (eSF) of the projects reporting on one of the two Protection-GBV KRI. The table shows the number of times each type of activity has been implemented by region (there are usually several types of activity for each project) – to assess possible regional differences and gaps. The table does not indicate the years of implementation as the short span of only 2 years (2018 and 2019) could not possibly show any meaningful trend.

Table 3: Typology of Protection-GBV prevention and response activities in the eSF

	Description	Africa	LAC	MEEN	Asia	other
Types of activity implemented as <u>prevention</u> for P-GBV	Awareness-raising sessions for beneficiary communities, volunteers (GBV, rights, GEWE, principles, consequences of SGBV, SEA, self-protection, conflict management, trafficking, risk reduction, resilience/coping mechanisms, media campaigns, friendly spaces)	33	4	8	6	2
	Training on the above	10	1		2	
	Friendly space for children / Education in Emergency	1	2			
	Behaviour change programme (men & boys) ³⁰	1				
	Other special gender equality / empowerment programmes: EMAP, SASA!, Girl Shine ³¹	1			1	
	Advocacy / dialogue with weapon bearers ³²	7			1	
Types of activities	Public lighting to public WASH facilities in camps				1	

³⁰ Implemented by IMC

³¹ Implemented by IRC

³² Implemented by ICRC

	Description	Africa	LAC	MEEN	Asia	other
wrongly recorded by partners as prevention for P-GBV (in fact <u>risk mitigation</u>)	Prevention kits for public WASH (torchlight, whistle.)		1		1	
Types of activities implemented as <u>response</u> for P-GBV	Case management (not specified)	28	5	10	8	1
	Psycho-social support (often in case management; individual counselling, group therapy, family mediation, grief management)	36	8	7	7	2
	Legal assistance (often in case management; direct or referral, forensic, civil status, rights, lawyers, land property)	21	3	6	5	3
	Safe spaces, shelters	9	6	3	2	1
	Family tracing (for separated children)	2	1	1		
	Livelihoods / IGA support (for victims and HHs)	7	1	1	3	
	Life skills training				1	
	Dignity kits	9			1	
	Cash assistance for the survivors and their families	2		2	2	1
	Other material support	8			1	
	Referral mechanism / pathway for medical treatment	40	6	10	6	4

Source: HOPE/ADE

A number of caveats should apply to this table.

- Under 'prevention' the partners have listed some activities which should be seen as 'risk mitigation' (public lighting leading to WASH facilities in camps, providing the potential GBV survivors with torchlights and whistles for the same purpose).
- These mitigation activities (public lighting, flashlights and whistles) were not listed by the partners in Africa, although they may have been implemented there also.
- Under response, a number of activities related to the recovery and 'bouncing back' of survivors and their households (livelihoods, IGA, training, cash assistance) were listed separately, while they all contributed to the same purpose. In this respect, it should be noted that, according to DG ECHO's policy, cash can be a tool within a case management process but not a stand-alone response to GBV.
- Some of the above activities may have been implemented by the partners in other contexts, without being registered under the Protection-GBV KRIs.
- Among the activities classified by the partners under 'prevention', awareness-raising and training sessions on a number of GBV-related issues (depending on the context) have been by far the most utilised types of activities in all regions (total of 66 activities). The effects could not be assessed in the context of this evaluation.

- In the Middle East (MEEN) and Latin America (LAC), the records did not show any specialised programmes aiming at changing the behaviour of men and boys towards more equality in gender relations and combatting GBV. However, the Gender policy outlines the need to ‘lower resistance’ through participation (chap 5.2.2) and to engage with men and boys (chap 6). The evaluation could not assess the reasons for this absence.
- Education in Emergency was mentioned 3 times as a protection activity, and not as a separate sector.

Regarding activities classified as ‘response’:

- A majority of projects in all regions proposed case management to the GBV survivors, most typically psycho-social support, legal assistance and referral for medical treatment. The quality of the support could not be assessed in the context of this evaluation, and the results of case management remained confidential.
- Safe spaces and shelters for survivors were also common in all regions.
- Dignity kits for survivors were essentially found in Africa. It can however be argued that dignity kits are not targeted actions but rather NFIs which do not require GBV expertise.
- Livelihoods support, income generation activities, skills training and other forms of material support for the GBV survivors and their households, which have been widely acclaimed by the beneficiaries in Nigeria and Rohingya women and girls in Bangladesh (see below), were very rarely found in Latin America and the Middle East in the above list. The reasons (lack of such activities or reporting by partners in another sub-sector) couldn’t be investigated in the framework of this evaluation.

C. Portfolio review of targeted actions under the Health sector

The third matrix indicator focused on targeted actions in the Health sector, including the GBV (medical response) and SRH sub-sectors.

During the period 2014-2018, there were 104 projects classified as health-GBV (among which 49 reported against the relevant KRI: “*Number of SGBV victims receiving assistance in less than 72 hours*”) and 417 classified as health-SRH (among which 11 reported against the relevant KRI: “*Number of live births attended by skilled health personnel*”). While information was disaggregated by gender and age, beneficiary numbers for health-related services were reported by project, rather than by medical activity.

A time-series of the targeted projects showed a very large increase in the reported user numbers of SRH and medical management of GBV – in part due more to accurate reporting tools in HOPE rather than to actual increase in activities – as well as in the number of projects reporting sex-age disaggregated data (SADD). The reported number of GBV survivors treated within 72 hours climbed from 66 in 2016 to 1.898 in 2017 and 4.857 in 2018. During the same time period, the total reported number of live births in the presence of a skilled attendant was 624.442, increasing from 14.339 in 2016 to 235.638 in 2017 and 374.465 in 2018. Beyond these impressive figures, it must be noted that the proportional target achievement for the number of live births varied by project. In some places it decreased between one year and the next, while in others a large increase was reported. The SRH ‘label’ covers also many activities, some of which may be more relevant, and of better quality than others. The example of antenatal care as a separate activity springs to mind. Most obstetric emergencies are unforeseen, so without a skilled and adequately equipped birth attendant and appropriate referral systems, the efficiency of the activity, although useful, will be reduced.

For both indicators (live births and number of survivors treated within 72 hours) the number and proportion of reporting facilities also increased, especially between 2016 and 2017. The increase in beneficiaries reached was probably partly due to better reporting (both an increase in the number of projects selecting the sub-sector and a better rate of reporting against the relevant sub-sector KRI). However, the reason(s) for the observed rise in the total number of targeted beneficiaries reached could not be further explored in the framework of the present evaluation, due to lack of resources. This prevented a further understanding of the role and effectiveness of sensitisation, which might have fed into multi-sectoral prevention.

It should be noted that the focus of health (and nutrition) projects was mostly on children below five years of age, as well as pregnant and lactating women and girls. The elderly were not specifically targeted. People with disabilities were targeted by experienced agencies (such as Handicap International) providing specialized services (e.g. orthotics, prosthetics). Disaggregated data for integrated basic healthcare included no information on users with disabilities, making it difficult to identify gaps in healthcare for this population group.

Overall, disaggregated data were subject to the same caveats and showed the same limitations as above, with 58%-72% of female beneficiaries of Health-GBV actions, and 64%-67% for Health-SRH actions. However, these figures may also have been closer to the reality, as Health-GBV activities tended to benefit women more than the average targeted action. Also, SRH activities included deliveries, and the share of infant beneficiaries was much higher for this sub-sector than for the other targeted actions. Table 4 and Table 5 present the achievements by Health-GBV and Health-SRH projects based on the sub-sector KRIs. In addition to the caveat on information availability already made above in the section dedicated to achievements on Protection/GBV, it should be noted that results indicators other than KRI "Number of live birth attended by skilled health personnel" have existed in the past, as have indicators related to antenatal consultations.

Table 4: KRI availability and achievement level by Health-GBV projects

HEALTH-GBV							
Year	Total number of projects in H/GBV	Number of projects without any KRI	Number of projects referencing a value for the H/GBV KRI (Number of SGBV victims receiving assistance in less than 72 hours)	Proportion of all H/GBV project referencing a value for the KRI	Average target value per project	Sum of achieved values	Average completion of target
2014							
2015	1	1	0	0%			
2016	30	11	3	10%	53	66	23%
2017	26	4	11	42%	188	1.898	78%
2018	47	0	35	74%	358	4.857	116%

Source: HOPE/ADE

Table 5: KRI availability and achievement level by Health-SRH projects

HEALTH-SRH							
Year	Total number of projects in H/SRH	Number of projects without any KRI	Number of projects referencing a value for the H/SRH KRI (Number of live births attended by skilled health personnel)	Proportion of all H/SRH project referencing a value for the KRI	Average target value per project	Sum of achieved values	Average completion of target
2014	74	18	0	0%			
2015	107	21	0	0%			
2016	96	33	4	4%	1.136	14.339	225%
2017	66	18	44	67%	4.023	235.638	109%
2018	74	2	63	85%	8.403	374.465	103%

Source: HOPE/ADE

D. Case studies, Surveys and Key informants' Interviews

The lessons learned mentioned hereunder are also based on the projects reviewed for the Gender-Age Marker and not only on the portfolio analysis presented above.

Case studies

In **Nigeria**, out of the 34 projects selected for the case study, 21 included some forms of gender targeted actions which were classified as follows in HOPE:

- Health-GBV: 4 projects implemented by 2 partners:
- Heath-SRH: 3 projects implemented by the same 2 partners
- Protection-GBV: 14 projects, implemented by 9 different partners.

All of the 14 P-GBV projects included both activities of prevention and response either under different indicators of the same LFA result, or under 2 different results.

The findings from the above statistics were the following.

- The medical treatment of GBV and SRH were carried out by only two specialised partners, to whom the other nine partners referred survivors as needed. KIIs in Nigeria (mostly from protection actors) highlighted that there was often a big gap in quality health response to GBV, as few partners had the right capacity: this statement is likely to be contested by health actors, though, and also points out to a lack of complementarity.
- Two-thirds of the targeted action projects concerned protection activities (both prevention and response). The distinction between the prevention and response activities KRIs under Protection-GBV was originally designed for output measurement. The fact that the software allowed the partners to register only one of the two KRIs while both activities were being implemented has led to some confusion in the statistics, as it was never the intention of DG ECHO to make the partners choose between prevention and response in GBV protection.

- Furthermore, some partners have carried out mixed activities in both sectors. Two partners have implemented targeted actions (in 2018) in both Health and Protection sectors. One partner has provided all three types of targeted actions (health-GBV, health-SRH and protection-GBV) and the other has implemented protection (advocacy) and health-GBV (psycho-social support - PSS) activities.

The assessment has also provided the following typology of activities.

- Main types of Health-GBV targeted actions: clinical management of sexual violence, psychosocial follow-up of SGBV cases, sometimes not specified
- Main types of Health-SRH activities: antenatal and postnatal care, basic emergency obstetric and neonatal care, sometimes not specified (“SRH care services”)
- Main types of Protection-GBV activities funded by DG ECHO.
- Prevention: awareness-raising (11 projects), training/capacity building (11 projects), risk mapping/ risk assessment; advocacy towards armed actors in the conflict (only by ICRC); “GBV champions” among communities; “network of protection focal points as early warning system” (DRC); child protection community-based mechanisms (CPCBM) by UNICEF; sensitization of religious representatives and mentoring of women’s groups (MCE).
- Response: dignity kits (7 projects – kits could also be found under WASH activities); case management (6 projects), safe spaces (4 projects), PSS individual or in group (4 projects); legal aid; in kind or cash aid (2 projects), flashlights, life skills training, referral pathways, complaint mechanisms.

In the context of northeast Nigeria, the provision of various forms of kits (called dignity, hygiene for women etc.) seemed to have been the most widely used type of response to gender issues - probably as kits could be distributed relatively easily in large quantities. The use of “safe spaces” seemed to be much less widely used in Nigeria than in Asia (Rohingya crisis) or the Middle East.

Lessons from the field have also outlined that, beyond a certain lack of quality (which would probably be reciprocated between health and protection actors), a concern has often been a certain lack of complementarity between health and protection actors. In some contexts, including Nigeria, many of the GBV cases identified by protection actors are reportedly not referred to health actors, and conversely many GBV cases identified by health actors are not referred to protection actors.

In **Bangladesh**, there were 18 projects with targeted measures, some of several types, among which are:

- Health-GBV: 6 projects implemented by 6 partners.
- Health-SRH: 9 projects implemented by 5 partners (3 of whom were the same as for Health GBV).
- Protection-GBV: 13 projects implemented by 9 partners. As discussed above, due to a shortcoming of the software (but not by policy design), KRIs for prevention and response were often not used in a consistent manner, as both approaches were usually implemented in parallel in the same projects either under different indicators of the same LFA result, or under different results (11 projects out of 18).

In addition, there were also other types of discrepancies in KRI registration in 7 projects, such as SRH indicated in KRI but not found among project activities, projects which included P-GBV, Health GBV or Health SRH but were not recorded as such. The typology showed:

- main types of Health-GBV targeted activities: often not specified (“clinical management of rape survivors”, psychological counselling);
- main types of Health-SRH activities: often not specified (“deliveries”, treatment of STI, family planning); and

- main types of Protection-GBV activities: awareness, safe spaces, case management, PSS, legal aid, dignity kits, flashlights, adapted shelter, adapted WASH facilities, cash, livelihoods, education, referrals, training.

In **Palestine**, there were no Gender-targeted actions to be analysed for the three sub-sectors of focus. As stated in the TORs for Palestine the focus has been on gender mainstreaming, less so on specific targeted actions.

Overall, the scope of ‘targeted actions’ did not appear to be used to its full potential in Palestine. In discussions with partner organisations, it appeared that targeted actions were understood as being limited to SRH or GBV interventions, which is not consistent with chapter 5.2.2 of the Gender policy where it is duly stated that *targeted actions* can be contextualized to better respond to the protection risks of the different gender and age groups. Partners accordingly shared the view that targeted actions should go beyond the specific SRH and GBV interventions. A frequently mentioned example was the need to reach out to traumatised youths whose rights had been violated by the Israeli army. Mental health and psycho-social support (MHPSS) was being mainstreamed in DG ECHO supported health interventions in Gaza (although MHPSS is not a major area of intervention for DG ECHO in Palestine and there are no health programmes in the West Bank) but stakeholders found that, considering the difficult situation of youths in Gaza, more diversified targeted humanitarian actions were warranted and assistance for this target group should go beyond a mental health response.

The identification of effective and relevant targeted actions was seen as a challenge by DG ECHO’s partners and consortia. Stakeholders stressed that for targeted actions to be effective, their duration should be longer than one year to achieve sustainable change, and financial support should be sufficient to achieve the desired change. In Palestine targeted actions could be expanded upon in the future but should be based on a comprehensive gender and age analysis and be context-specific.

Surveys

Survey results were not clear regarding the increase of targeted actions. In the survey forwarded to DG ECHO staff, 34,9% agreed (14,7% disagreed) with the proposed statement: *“Following the introduction of the Gender policy, the numbers of proposals submitted to DG ECHO tackling the needs of specific gender and age groups through targeted actions (e.g. SRH, GBV) have increased”*. However more than half of the respondents ‘did not know’ (23,9%) or had a ‘neutral’ opinion (26,6%).

This question seemed difficult to answer for the DG ECHO partners: 34,1% of the respondents agreed (only 4,9% disagreed) but 37,8% of the respondents indicated not being able to give an opinion regarding the same proposed statement, in addition to 23,2% of ‘neutral’ opinions.

Key Informants Interviews

In Nigeria, a positive finding concerned the high value attached by the beneficiaries themselves to the income-generating activities (IGA) which have been provided by some DG ECHO partners as part of a comprehensive GBV response.³³ This approach is in line with the Gender policy which supports a comprehensive multi-sectorial approach including medical care, psychological support, referral to legal services and, ‘if possible’ livelihood support or socio-economic assistance. The policy however also acknowledges that ‘evidence shows that gender-sensitive livelihood opportunities in humanitarian assistance

³³ It should be noted that, although the beneficiaries mentioned IGA, ECHO partners have implemented several kinds of complementary assistance schemes, e.g. provision of cash, or provision of livelihood skills training, or community-based safety nets.

remain limited' (chap 5.2.2). Overall, after the first acute phase of GBV and the required treatment, IGA was probably the most appreciated part of a remedial package, as it gave hope for the future and helped the survivors (both men and women) to overcome the trauma. Interviewed (remotely) beneficiaries stated that IGA was a very relevant targeted action as it had a positive impact against using negative coping mechanisms such as begging and destitution; it decreased the likelihood from further GBV risks (such as when collecting wood in the bush -see below); and it aimed to ensure household sustainability.

The partners would provide GBV survivors with training, equipment, and cash assistance which also helped beneficiaries to establish and secure IGAs.³⁴

One partner has designed support activities for some GBV survivors in Nigeria: the children who have been abducted by a non-state armed group and have suffered GBV violence. These children were sometimes considered as "liabilities" by their families because of the stigma of unwanted children resulting from rapes. These survivors first benefitted from case management response, and were then provided with some Education in Emergencies (catch up classes) and life skills training. Again, life skills training was the most appreciated assistance by the interviewed GBV survivors because it contributed to ensure livelihoods and autonomy. Support to their families (cash and small equipment) also contributed to such livelihoods.

The formerly abducted children were involved in the choice of their training: the girls preferred sewing skills, and the boys went for trading (with cash to help them set up a shop), or growing maize. All the children interviewed remotely by the evaluation confirmed that they were "bouncing back" and were feeling safe again.³⁵

It should be outlined that, in Bangladesh, livelihoods have worked well and were favourably perceived by the Rohingya refugees, in particular women and girls. Research by a partner showed that women's economic empowerment could be effective towards addressing the effects of restrictive gender norms when coupled with effective GBV response and prevention. Lessons learned indicated that when women's contributions to the economy were supported and accepted in such a way that women could both shape the economy and take part in it, they had greater control over financial resources, were less at risk of exploitation, and had more power to challenge discrimination. Higher income for a household lowered the exposure of women to be exploited by men through early and forced marriage and commercialised sexual exploitation.

The above would however require specific IGA skills from the partners, different from GBV ones. Referrals to specialised partners who could for instance carry out market studies would be advisable in the context of Nigeria, but the approach would arguably not be a panacea among the Rohingyas as market opportunities are limited inside the camps.

Another important issue mentioned during several distance KIIs with beneficiaries in Nigeria concerned prevention. The collection of wood for cooking, which often needs to be done outside of the town or camp security perimeter, in an environment with neither security nor law and order, entails significant risks of GBV such as violence, rape by armed actors, or abduction. One NGO partner provided cash that was used to buy firewood in the camps. Beneficiaries also used the revenues from their business (set up with partners' assistance) for the same purpose. However, this has merely displaced the problem: there were still other IDPs who had to go to the bush to collect firewood and risk abduction or killing.

³⁴ Mentioned IGAs were: small retail shops/businesses, making of local hand fans for the men; local pasta machine, grinding machines, cap knitting material / tailoring, soap making, and retail shops to sell fruit and vegetables for the women; the Village Savings and Loans Association (VSLA) for women committees, that "changed our lives".

³⁵ Testimonies from beneficiaries about IGA during KIIs included statements such as "The assistance has addressed my need in ways that I have never seen before. The assistance has helped us a lot. I have not received this assistance anywhere else before... I use the money from grinding to help my son and my family".

Arguably, a better (and also environmentally friendly) solution concerned fuel-efficient cooking stoves provided by another partner, with DG ECHO funding. These stoves provide a range of diverse benefits including reducing the amount of wood needed for cooking – and thus the GBV risks while collecting and providing women with some economic benefit (a cheaper way to cook). The approach, which has specifically been encouraged in the DG ECHO HIP 2019, has also induced the health benefit of reducing women's exposure to inhalation of smoke from wood during cooking, diminished the risk of fire hazard/outbreak, and provided nutrition benefits.

In Bangladesh, the detrimental contextual factors (traditions which allow domestic violence, little-known language, lack of access to the refugee camps at night, overpopulated camps, climate with monsoon and cyclones) have impacted on protection and GBV strategies, and targeted actions. All interviewed partners have adapted their approaches to the context and operated different types of 'safe places' for women and girls with different functions – with both prevention and response focuses - according to the partners' mandates: confidential centres for GBV psychosocial counselling and family planning; health centres for SRH; open centres where men and boys are included in awareness activities to contribute to a 'peaceful society'; or DRR refugees.

Distance interviews with beneficiaries were more difficult to conduct in Bangladesh, where many GBV survivors were not ready to discuss their problems of domestic violence, which many women and girls considered as 'normal'. GBV against men and boys was generally kept secret. Psychosocial aid could often only be given with permission from the husband. GBV survivors were often detected too late (when they were found) to apply the 72-hours reaction time for HIV post exposure preventive kit (other types of SRH interventions can still be provided after the 72h cut-off point). The Rohingya language and the need to find (female) translators are also major obstacles for the partners. Furthermore, a key challenge for GBV treatment was the high dropout rate from the case management process. Some referral pathways have been reported as not functioning properly in the camps, in particular legal aid services and child protection.

Overall, whenever feasible SRH should be included in health services and should be integrated in primary healthcare. The health response to GBV requires a skilled health worker, preferably of the same gender as the person who needs care. Because of the delicate nature of the problem, and the importance of anonymity, a general health facility is a good entry point. Free transport (for the service user) to a medical facility providing Comprehensive Emergency Obstetric Care (CEmOC) can be lifesaving in an obstetric emergency. Haemorrhage is an avoidable cause of maternal death. Health centres should be equipped, and health workers trained, to stabilize patients who need referral. But obstetric emergencies are unpredictable, and a functional referral system for obstetric emergencies in crisis environments should include affordable transport to the nearest facility where CEmO(N)C can be given. Encouraging people to seek specialist care is not enough.

It should be noted that, in many humanitarian settings, health services are provided through the national health system, with variable degrees of support from humanitarian actors. In large refugee camps and IDP sites, international NGOs may be contracted to provide a limited package of care, to avoid overburdening the existing structures. These additional health facilities will usually rely to a large extent on national professional staff. To ensure that standards of care are adhered to, initial training and refresher courses, as well as direct supervision of health workers are paramount. This is relatively easy to negotiate when the implementing partner is managing the health structure. On the other hand, where humanitarian organizations rely for referrals on facilities managed by the national health authorities, they need to ensure that the terms of engagement are satisfactory to all parties, leaving no room for misinterpretation, or perverse incentives. Conditions for referral and modes of reimbursement need to be agreed upon from the start and allow for service monitoring and evaluation.

Criterion 4.3. Effectiveness of DG ECHO-funded capacity-building on the integration

Summary of findings: over the evaluation period, 6 projects out of the 71 funded by ERC were dedicated to gender issues, which is substantial considering the many policy priorities of DG ECHO. Statistics also showed a steadily growing share of gender-related projects in ERC's budget between 2014 to 2017. There was consistency in supporting the C2A Road Map in both 2016 and 2017. Surveys among ECHO staff and partners showed positive appreciation of global capacity-building efforts, but also a lack of information.

Of 71 projects funded by ERC between 2014 and 2018, six directly concerned gender issues (rejected proposals could not be assessed within the available evaluation resources). They addressed the following issues, in chronological order:

- Preventing Abuse by Aid Workers: Piloting Inter-Agency Community-Based Complaints Mechanisms (CBCMs) in Ethiopia and DRC (2014).
- More effective humanitarian response through increased capacity to operationalize the centrality of gender and GBV (humanitarian coordination); global outreach (2015).
- Institutionalizing gender in emergencies: bridging policy and practice in the humanitarian system in Pakistan, Ethiopia, Dominican Republic and S. Sudan (2015).
- Enhanced gender in HA (GiHA) capacity through the revision and roll-out of the IASC Gender in the HA Handbook; global outreach, case studies in Ethiopia, Lebanon, Afghanistan, Bangladesh, Colombia, Jordan, Mali (2016).
- Increasing Access to Care and Healing for GBV Survivors: Innovative Approaches to GBV Case Management in Insecure Emergency Environments (2016).
- Implementing the Call to Action Road Map in Northeast Nigeria and in DRC - and developing global inter-agency minimum standards on GBV in emergencies (2017).

Over the period, HOPE statistics showed a steadily growing share of ERC's budget between 2014 and 2017. From one project dedicated to gender in 2014 – out of 10 projects funded by ERC (5% of the overall ERC budget), the share grew to 7,7% of the budget in 2015 (2 projects out of 17), stabilised in 2016 (2 projects out of 36 for 7,2% of the budget), and increased again in 2017 – probably due also to the lower level of ERC activities: 1 funded project out of 6 concerned gender issues and absorbed 20,9% of the overall ERC budget. In addition in 2017, 1 activity out of 10 in a project dedicated to “Sustaining the Centrality of Protection in Humanitarian Action” related to “Strengthening the GBV AoR sub-cluster coordination capacity for effective protection outcomes”.

No gender-related ERC project was recorded in HOPE for 2018. Reasons could not be investigated. One of them could perhaps be found in the ERC 2018 HIPTA, where only the usual 'standard paragraphs' about gender were found, without specific priority.

Effectiveness could be found in all of the funded projects, although those aiming at strengthening global initiatives such the C2A Road Map (in 2017) which was already supported by DG ECHO through the C2A leadership or updating global guidelines that were bound to be used by most humanitarian actors worldwide (IASC Gender Handbook, IASC Marker) arguably provided more leverage effects and synergies.

It should be noted that the C2A support in 2017 (€975.000), which was directed specifically at C2A as a process, could be perceived in the continuity of two 2016 ERC funded projects aimed at supporting indirectly the C2A through increasing access to care for GBV survivors (€1.2 million) and rolling out the IASC Gender Handbook (€ 0.6 million), implemented by two other partners. If the intention of continuity is confirmed (this could not be assessed by the evaluation), it would have shown a commendable measure of consistency.

In 2014 and 2015, two projects were funded which also aimed at synergies but were only partly effective in doing so on a documentary basis (longer term effects could not be assessed in the framework of this evaluation). One of these projects concerned protection against sexual exploitation and abuse (PSEA) which was rated as effective in Ethiopia but much less in DRC. The other project aimed at “catalysing change” and helping to better operationalise the various gender guidelines in the field. Positive results were (again) reported in Ethiopia, although constraints were found in the other field cases: South Sudan, the Dominican Republic and Pakistan.

Surveys and Key Informants Interviews

In the survey that was sent to DG ECHO staff members, one proposed statement concerned the fact that “*DG ECHO’s global advocacy efforts to strengthen gender sensitivity in humanitarian aid have been effective*”. Such efforts included the ERC-funded projects and the C2A Road Map. The results among the DG ECHO staff were positive (40,3% of the respondents agreed with the statement), but the proportion of those who did not know or remained neutral concerned more than half of the respondents and probably reflects a lack of internal information on these issues. The results of the partners’ survey were similar: 47,6% of the respondents agreed. Those who did not know or had neutral opinions exceeded 45%.

In Nigeria, most interviewed partners claimed that they were not aware of ECHO’s global (ERC) funding capacity-building efforts. Palestine was not a pilot on the C2A ERC project.

4.5 Effectiveness – Gender-Age Marker (EQ5)

EQ 5. What has been the impact of the introduction of the DG ECHO Gender-Age Marker in enhancing gender and age integration in humanitarian aid? To what extent has the DG ECHO Gender-Age Marker promoted gender-sensitive projects over the period 2014-2018?

Response to the EQ: the mandatory use of the Gender-Age Marker has contributed to quantitatively enhance gender and age integration in humanitarian interventions funded by DG ECHO. This mechanical process has not systematically been accompanied by a qualitative dialogue on gender issues between DG ECHO and the partners. Despite generally improved Marker ratings over the evaluation period, the Marker process is still often poorly understood and applied

This second EQ under the evaluation criterion of effectiveness is looking more specifically at the Gender-Age Marker, a key tool for the implementation of the DG ECHO Gender policy. Three (sub) criteria are assessing respectively the evolution of the Marker rating (and increases if any), the impact of the Marker on Gender policy objectives, and what lessons can be learnt from Marker application.

Criterion 5.1. Evolution of the Marker rating over the project lifecycle

Summary of findings: 50 projects were selected to assess mainstreaming. After an initial phase in 2014 and 2015 where assessment of the Marker was not consistently carried out, the situation steadily improved in parallel with the trainings delivered by the INSPIRE Consortium. As of 2017 most reviewed projects were consistently marked at all stages by all stakeholders (partner, field expert, desk officer). Automated calculation also optimised the correctness of marking, although fluctuations and gaps could still be found at the monitoring stage, for reasons that were analysed by DG ECHO in the Marker Assessment Reports (below). At proposal stage where partners must rate themselves, discrepancies persisted. DG ECHO's ratings were often lower than the partners' as these generally gave themselves maximum scores. In this, partners often seemed to consider Marker rating either as a 'tick the box' exercise or saw high ratings as a guarantee of further funding from DG ECHO. Other findings from sampling analysis were globally positive. Gender mainstreaming mostly improved between proposal and monitoring (except for the criterion 3 - negative effects); this improvement was not sustained at the final report stage but over time the share of projects receiving the lowest mark at final report steadily decreased. The analysis of successive Marker ratings over several years of project implementation by the same partner has not provided a consistent picture of improvement in Nigeria. Findings were more positive in Palestine, although on a more limited sampling. All criteria combined, over the period 2014-2018 the regions which obtained the best Marker results were Africa and Asia.

The impact of the dialogue which often (but not systematically) took place between DG ECHO and the partners was positively assessed in the surveys and KIIs. Surveys for DG ECHO staff and partners showed overall agreement about the contribution of this dialogue to gender-age mainstreaming, but the systematic use of the Marker for that purpose and the common interpretation of the criteria were much disputed.

Feedback from KIIs in Nigeria were generally appreciative about the Gender-Age Marker and the ensuing dialogue, which had positive effects on gender mainstreaming, in particular in terms of needs analysis and participation of affected communities. DG ECHO requirements were however felt as rather high for the limited capacities of the partners. In Palestine, feedback was mixed: the Marker and Gender policy were found to provide a framework on how to approach gender, but operationalisation was lacking; the rating process was used more as a checklist than a guidance; and local partners were trained in the gender policies of the international partners and had limited knowledge of DG ECHO documents.

A quality review was done by the evaluation in the case studies regarding the appropriateness (compared with the toolkit instructions) of the Marker ratings given by DG ECHO. The findings of the review were globally consistent with the ones presented in the two Gender-Age Marker Assessment Reports prepared by DG ECHO for 2014-2015 and 2016-2017. All the reports outlined a positive overall trend, although the evaluation review showed discrepancies in all 4 Marker criteria. In Nigeria, differences between Marker ratings by DG ECHO and the evaluation team ranged from 20% to 38% of the cases (34 projects) at proposal and final report stages; this was particularly the case for the criterion of mitigation of negative effects. Team ratings were generally lower than DG ECHO's. This was also the case in Palestine (35% lower ratings by the team at the final report stage), where Marker rating appeared often somewhat as a box-ticking exercise. Participation was identified as a challenge in Palestine due to staff turnover.

The Gender-Age Marker

The Marker aims at improving the quality of humanitarian aid actions; it was introduced as a mandatory tool in 2014. The Marker fosters assistance that is more sensitive to the differentiated needs and capacities of women, girls, boys and men by creating a forum for DG ECHO's staff and partners to constructively discuss gender and age issues in humanitarian projects. As detailed in the toolkit, the Marker uses 4 criteria to assess how strongly humanitarian actions integrate gender and age considerations (see also criterion 5.3):

1. Gender and age analysis / SADD (sex- and age-disaggregated data);
2. Adapted assistance;
3. Negative effects; *and*
4. Adequate participation.

Each of the 4 criteria can be marked either 'yes' or 'not sufficiently'. If the action meets only 1 of the 4 criteria it is rated '0'. If it meets 2 or 3 criteria the rating is '1'. With all 4 criteria met the rating is '2'.

Partners indicate a Marker rating between 0 and 2 for their proposed actions in the Single Form. DG ECHO verifies and, if necessary, adjusts this initial mark at the proposal stage. DG ECHO also marks projects at monitoring and final reporting stages. All types of humanitarian actions funded by DG ECHO are marked; under emergency decisions operations are rated only after final report. Operations which do not deal directly with affected populations (logistics etc) are marked as 'not applicable'. A diagram of the Marker's rating process is presented under criterion 6.5.

Methodological clarification: the analysis below is based on 50 projects selected among all DG ECHO's funded projects over the evaluation period (2014-2018), as explained above in the methodological approach. Where relevant, the analysis is complemented by- and compared with- the findings from the two successive Gender-Age Marker Assessment Reports which were prepared internally by DG ECHO's Protection and Gender experts for the years 2014-2015³⁶ and 2016-2017³⁷ on a much larger sample of projects (1.478 project for the first report, 1.406 for the second). The analysis presented below follows the order of indicators presented in the evaluation matrix (not annexed to this synthesis report). It includes a review of the consistency and correctness of the Marker ratings as well as an analysis of the ratings over the project's life cycle (from proposal to monitoring and final reporting).

Desk analysis

Consistency of the Gender-Age Marker assessment

At the beginning of 2014, in some cases the partners' proposals were submitted when the Marker was not yet mandatory. Over 2015 and 2016, in parallel with the trainings delivered by the INSPIRE Consortium (see criterion 6.5) the share of projects with consistent Marker assessment has been steadily increasing. As of 2017 most reviewed projects were consistently marked at all stages by all stakeholders (partner, field expert, desk officer). Regarding projects inconsistently marked, most often missing were the ratings by the DG ECHO field expert, both at monitoring (62% missing mark among inconsistently marked projects) and final report (46% missing mark) stages.

³⁶ https://ec.europa.eu/echo/sites/echo-site/files/gender_and_age_marker_2014-2015_full_report.pdf

³⁷ <https://ec.europa.eu/echo/sites/echo-site/files/gender-age-marker-report-online.pdf>

These findings are in line with the ones presented in the two DG ECHO Assessment Reports. The reports outlined a positive overall trend: final marks provided in 2016 and 2017 reflect a considerable upwards trend compared to the previous period assessed. In 2016, 89% of all DG ECHO-funded actions integrated gender and age considerations either 'strongly' (mark '2') or 'to a certain extent' (mark '1'). This figure increased to 90% in 2017 and represents a considerable improvement from the percentages in the previous period (65% in 2014 and 81% in 2015). Marker ratings by DG ECHO also improved. The percentage of projects marked with '2' at the crucial field monitoring stage (when activities and actors can be physically assessed) increased from 46% in 2016 to 51% in 2017.

The DG ECHO reports noted also that, for a number of projects, information on the Marker was not filled in at monitoring stage. According to DG ECHO reports, there were several possible explanations, for instance that Marker rating was not deemed applicable as gender and age considerations were not monitored during the field mission, or that monitoring reports were simply not completed due to the absence of the DG ECHO field expert.

Correctness of the Marker assessment

A "correctly" marked rating implies that the general mark has been correctly calculated (before calculation became automatic in the IT system) based on the feedback provided to each of the four criteria, as outlined in the Gender and Age Marker Toolkit. The given rating must summarize the information contained in the answers to the four criteria, either by a "yes" or a "not sufficient" rating and may not carry additional information or judgement. The share of projects that have been correctly rated increased from 2014 to 2015 (at the time the 'not applicable' N/A rating was regularly misused). The automatic calculation of the mark in 2016 suppressed errors at proposal and final report stages, but not the gaps at monitoring stage (see above).

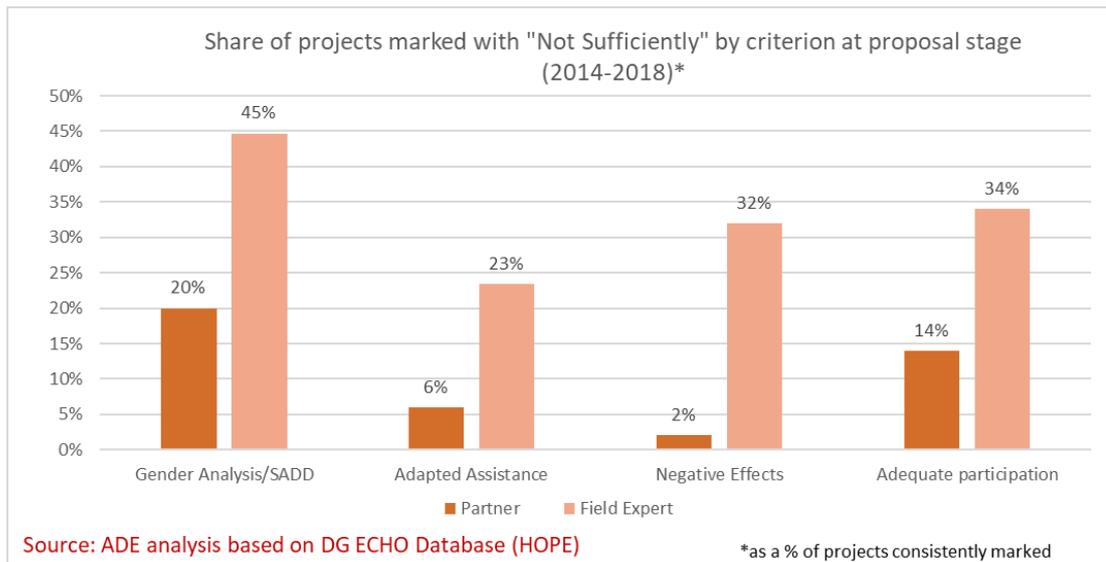
Marker ratings given for the different criteria

An analysis of the answers provided to the four criteria at the different stages and by the different stakeholders indicates which criteria tended to be most often marked as 'not sufficiently', both by DG ECHO and by the partners as well as the origin of variations between the assessments made by the different stakeholders. To summarise,

- at proposal stage, partners assess their own work and give themselves an initial mark which is then discussed with — and if necessary, adjusted by — DG ECHO.
- At monitoring stage, DG ECHO staff conducts field visits to observe the progress made by a project on the ground. On the basis of these monitoring visits, DG ECHO staff (not the partner) assign a mark which can either confirm or change the mark provided at proposal stage.
- At the final report stage, partners provide information (but no marking) against the targets set at proposal stage, as well as during possible modifications. DG ECHO staff subsequently determines the final mark based on the information provided by partners in the final report.

As shown in the figure below, according to answers by both the partners and DG ECHO's field experts, the first criterion ("Does the proposal contain an adequate and brief gender and age analysis?") was most often marked 'not sufficiently'. The three other criteria were less critically assessed. It could also be observed that the share of projects marked "not sufficiently" by the DG ECHO field experts tended to decrease over time, for all four criteria.

Figure 5: Percentage of projects marked as "not sufficient" for each criterion of the Marker at proposal stage (average of the period 2014-2018)

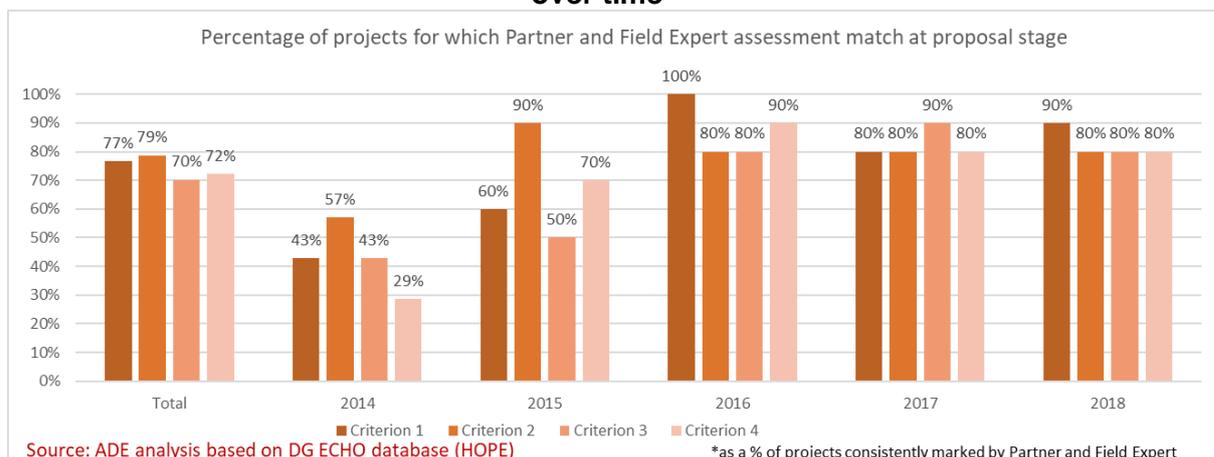


Ratings by the partners were generally higher than those provided by DG ECHO's, as many partners seemingly tended to consider the Marker rating either as a 'tick the box' exercise, or to see high ratings as a guarantee for further funding from DG ECHO.

Overall however, over the period some convergence could be observed between the marks given by the field experts (increase) and by the partners (decrease), although it could not be concluded whether this trend reflected a better Gender-Age integration, or a better common understanding of the criteria and their purposes. Partners and DG ECHO field experts tended to agree in about 80% of the cases, with the exception of the years 2014 and 2015 when the degree of alignment was much lower. This is confirmed by DG ECHO's Assessment reports, which indicate that discrepancies in Marker rating at proposal stage between DG ECHO and the partners continued throughout the two reports, although in 2016-2017 ratings at proposal consistently increased on both sides. In 2016, 71% of proposals were self-assessed by partners with the highest score (mark '2') while DG ECHO gave such ratings for only 38% (HQ) and 40% (field) of the same proposals. In 2017, 74% of proposals were self-assessed by the partners with the highest score, but DG ECHO ratings increased proportionally more: 44% for HQ and 46% for field experts.

Details on the alignment between the partners and the field experts are provided in the figure below.

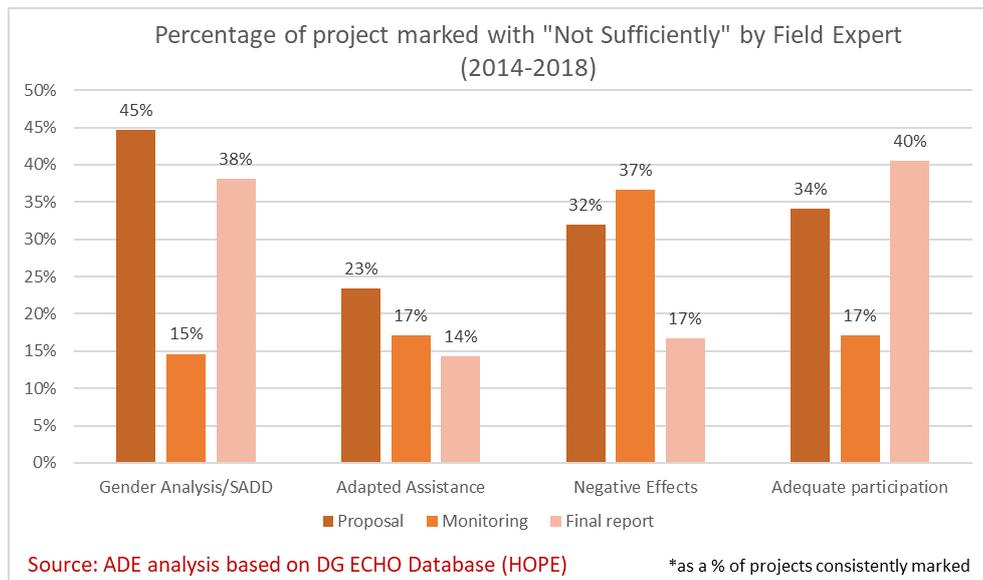
Figure 6: Match between partner and field expert assessments at proposal stage over time



Marker ratings by field experts

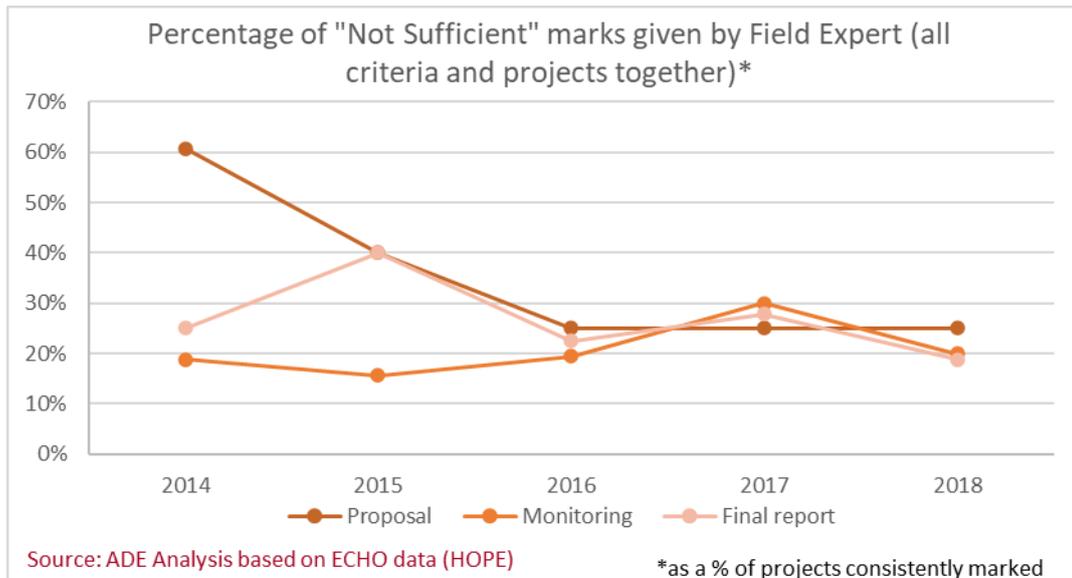
From the analysis of the 'Yes' ratings given by the DG ECHO field experts for each of the four criteria and each of the three stages over the whole period 2014-2018, it appeared that gender and age mainstreaming mostly improved between proposal and monitoring (with the exception of the criterion 3 - negative effects) but that this improvement was not sustained at the final report stage. In particular, Sex and Age Disaggregated Data (criterion 1) and participation (criterion 4) showed, on average, a deterioration between monitoring and final reporting. This is partly validated by the DG ECHO Assessment Reports which indicated, for both reports, that the criterion most often sufficiently met was 'adapted assistance' (criterion 2) while the least met was 'adequate participation (criterion 4).

Figure 7: Share of projects rated by the Field expert as insufficient by criterion and stage over the period 2014-2018



There has however been an evolution over time of this trend. As depicted in the figure below, the largest variation between ratings at proposal, monitoring and final report stages by the DG ECHO field experts were found in 2014 and 2015. In 2016, 2017 and 2018 the average share of criteria marked "Not sufficiently" at final report stage was mostly similar to the proposal stage.

Figure 8: Field Expert marking over the project's life cycle, per year and all criteria combined



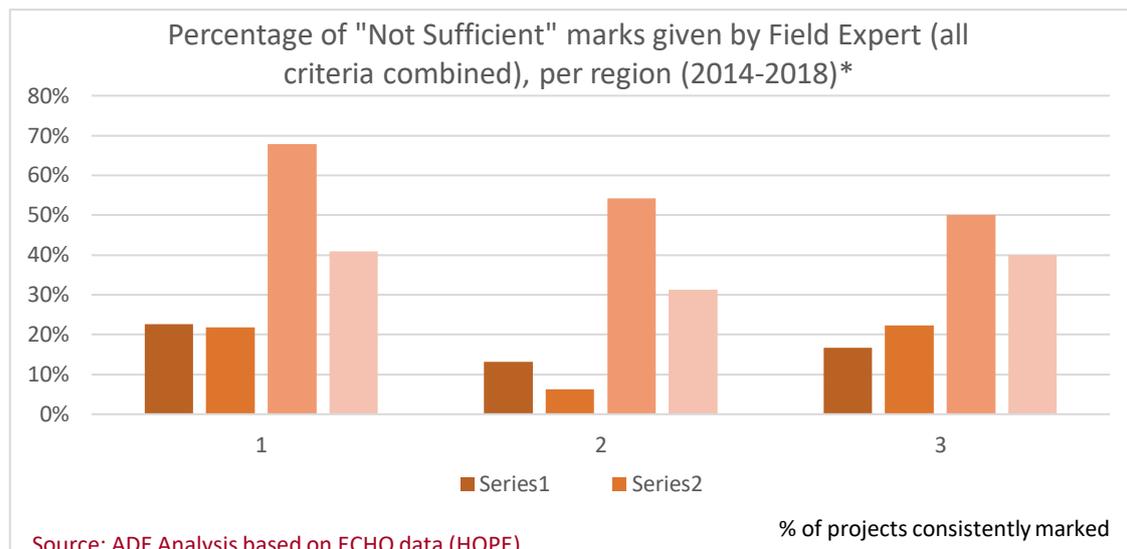
Over time, the share of project receiving the lowest mark at final report from the field expert has steadily decreased. On the average, over the period 2014-2018, DG ECHO field experts marked fewer and fewer projects with '0' rating from proposal to monitoring. The share of projects rated '2' strongly increased at monitoring stage compared to the proposal but often reverted to their initial level at final report stage. Conversely, Desk officers' ratings tended to show a slight improvement from proposal to final report. Overall, by the end of the projects, between one-third and one-half of them were reported by DG ECHO as having integrated gender and age considerations either 'strongly' (rating 2) or 'to a certain extent' (rating 1). An exception was found for the year 2015 when, in the list of projects selected for the review, none received the highest rating of '2' in the final report³⁸.

Regional variations

The figure below illustrates the percentage of projects marked "Not sufficiently" by DG ECHO field experts by stage and by region, all criteria combined, over the period 2014-2018. The regions that displayed the best marking (i.e. the lower number of projects marked not sufficiently) were Africa and Asia.

Figure 9: Integration of Gender and Age considerations per region (2014-2018)

³⁸ This finding is not corroborated in the analysis performed in DG ECHO's Marker Assessment Reports based on a larger set of projects.



Assessment of the quality of Marker’s ratings

Methodological clarification and caveats: on request from DG ECHO and to be consistent and complementary with the Gender-Age Marker Assessment Reports made by DG ECHO for the periods 2014-15 and 2016-17, the evaluation team has carried out a verification of the quality (in line with the implementation of the Marker Toolkit) of the Marker ratings given by the DG ECHO staff (desk and field) on the projects selected for the case studies in Nigeria, Palestine and Bangladesh.

The quality review of the appropriateness of Marker ratings given by the DG ECHO staff has considered the four criteria and their various sub-criteria as listed in the toolkit. The following caveats should be noted.

The review was based on the information made available in the documents found in HOPE (proposals, and reports in eSF and FichOps). This approach could not replace the findings collected in the field during monitoring by knowledgeable ECHO experts. In some case the DG ECHO ratings were clearly based on field observation and discussions with stakeholders and were therefore probably more relevant than a paper-based review. In such cases, if there is a discrepancy between the ratings given by the DG ECHO field experts and the team evaluators – the DG ECHO rating is probably more correct.

Under criterion 1 (gender and age analysis/SADD) the eSF section often contained only a description of the identified priority needs to be addressed by the project (in line with the Marker toolkit which requires a ‘brief gender analysis’), and not an in-depth analysis of the underlying root causes of gender discrimination. Under criterion 3 (mitigation of negative effects), it was difficult to assess on documentary basis whether negative effects have effectively been mitigated/prevented, other than ensuring that partners have mentioned applying the ‘do no harm’ approach. Contribution or attribution could not be evaluated, nor could counterfactual analysis be applied (what would have happened if...). Under criterion 4 (adequate participation), there were often some indications about gender skills of partners’ teams and participation of beneficiary groups in design and monitoring. Regarding the other sub-criteria, there was generally no mention of the composition/gender diversity of the humanitarian teams or on the beneficiaries’ participation in evaluations. Considering the above comments and to avoid almost systematic ‘0’ ratings, the quality review has included caveats but often no negative rating.

This above quality review has been completed by a typology of the targeted actions implemented in the three countries (the selection has retained all the projects with targeted actions), as well as a review of the possible evolution of Gender-Age Marker ratings in the case of project implementation by the same partner in the same region, over several consecutive years.

Results of the analysis can be summarised as follows.

Quality review of Gender-Age Marker ratings

In Nigeria, differences in Marker ratings between those attributed by DG ECHO and by the team were noted in all 4 criteria, both for the proposals and the final reports, ranging between 20% and 38% of the cases (34 projects). More specifically, at the proposal stage the evaluators have noted 42 differences across the 4 criteria; in 33 of these instances the ratings of the evaluation team were more negative, in particular regarding the criteria of negative effects and SADD. At the final stage, there were still 35 cumulated differences; these were also mostly negative (22 cases) and concerned all criteria – although mainly again the criterion of negative effects. For adapted assistance and participation, the field observation during monitoring visits by DG ECHO's experts may have provided additional (and potentially more relevant) findings than those found in the reports, which may help explain the differences.

In Palestine also, the ratings provided by the DG ECHO field expert and the desk officer were often more positive than those provided by the evaluation team. Differences in Marker ratings were noted as follows.

- At the proposal stage, the team's ratings were lower than the DG ECHO field officer's in 3 cases (18%) and lower than DG ECHO desk in 7 cases (41%); the ratings provided by the DG ECHO field officer at the proposal stage showed the highest degree of similarity with the team's (65% were identical, 11 cases).
- At the final reporting stage, the team's ratings were lower by 6 cases (35%) than both those of DG ECHO field and desk. At that final stage, only in 47% of the cases (8) was the evaluation team's rating identical to the one provided by DG ECHO (both field and desk).
- Exceptions were found in 2 projects at both the final stage and the proposal stage which received a higher rating by the team.
- There were no clear indications of improvements over the project cycle (due or not to a dialogue with DG ECHO). In 88% of the cases (15) the rating given at the proposal stage was the same as for the final report stage.

A challenge was found in Palestine regarding the criterion of participation, as the conditions for fulfilling this criterion were often not adequate. It was evident from stakeholder interviews that staff turnover in international organisations was an issue and that staff had varying levels of understanding and appreciation of context.

It should also be noted that some DG ECHO desk and field officers appeared to have relied on the gender marker section of the partners' documents during scoring. This observation was supported by the use of the same language in the eSF comments section and corroborated findings from discussions with DG ECHO interlocutors who stated that the Gender and Age Marker was often a box-ticking exercise. The key elements to consider for the criteria did not appear to have been sufficiently considered during the assessment or rating process, and personal judgements often seemed to have influenced the score. This was especially the case for 'adapted assistance' which requires proper gender analysis and an understanding of the various gender and age needs.

In Bangladesh an analysis was made of the gender mainstreaming in 6 projects (another analysis with typology was made for 18 projects with targeted actions): all 6 projects received a Gender-Age Marker rating of 2 from DG ECHO. The quality analysis of the identified gender needs, corresponding responses and beneficiaries' selection/ involvement rating found that the *rating was justified in 4 cases* (all 4 criteria were fulfilled). In 2 cases, the rating should have been 1 instead of 2 (no fully adapted assistance and beneficiary participation in one case, no participation in the other).

Overall, it should be noted that discrepancies in ratings by DG ECHO decreased markedly in 2017 – perhaps as an effect of the internal training, but that in many instances the DG ECHO field experts and desk officers did not seem to have the same appreciation of the partners' performances.

The random quality check exercise carried out by the DG ECHO ProGen experts in the two Assessment Reports showed also, in both case, important discrepancies between their own (ProGen) ratings and those made by the partners and by DG ECHO HQ and field staff. In 2016-2017, for the sample of 15 projects on average only 1 project at proposal and final report stage received the same mark from all actors. As for the sampling done by the evaluation team, the partners and DG ECHO field/desk staff have consistently provided much higher ratings than the ProGen experts. These findings point to the need for continued capacity building and familiarisation with the application of the DG ECHO Gender-Age Marker – as also outlined by the evaluation team (see for instance judgment criterion 6.5).

Analysis of Gender-Age Marker ratings over several consecutive years of implementation by the same partners

In Nigeria, among the 15 partners (UN agencies and NGOs) who have carried out the 34 selected projects, 9 have pursued implementation over several consecutive years between 2014 and 2018, with 26 projects. As the locations and focus of actions may have varied in some cases, the overall analysis of DG ECHO's ratings at the final stage could not deliver a consistent picture of improvement in Marker ratings.

In no case were there clear improvements from one year to the next in all 4 criteria. In many cases the ratings of each criteria fluctuated back and forth from “yes” to “not sufficiently” and *vice-versa* from year to year, without any visible trend. In 1 case only was the rating at monitoring stage (when the DG ECHO field expert can best assess the project) higher between 2016 (rating '1') and 2017 (rating '2'). Conversely, only in 2 projects did the partners not give themselves a maximum rating of “2” at proposal stage.

In Palestine, there were positive findings – although about two partners only – regarding ratings in multiple-year funding with the same partner. Based on lessons learnt in 2017 and DG ECHO's recommendations, one of the partners – a major UN agency – started elaborating standard operating procedures for case management and developing a vulnerability assessment tool for a more diversified approach. These tools were completed in 2019 (in the meantime, however, the Marker rating for 2018 was lower than in 2017). The other partner – an NGO consortium in the West Bank – was positively rated by both DG ECHO and the evaluation team. The ratings were justified as the interventions were complex, large-scale, and involved multiple partners. There was good analysis of the different protection concerns. A remark by the team was that the consortium could still better highlight how the interventions responded to the different gender and age priorities.

Key informants Interviews

Feedback from KIIs in Nigeria generally delivered positive appreciations of the Gender-Age Marker, outlining in particular that the Marker had positive effects on gender and age mainstreaming. The Marker also contributed to increasing targeted actions towards women, girls, boys and men; it allowed partners to look at distinct needs and design activities specifically to address these needs. The Marker also enhanced meaningful participation of women, girls, youths etc. in project activities and helped the partners see gaps in the project when they received feedback from beneficiaries.

One partner recommended to take the country context and limitations into consideration for rating the Marker criteria. For instance, DG ECHO's requirements may have been too high for Nigeria where humanitarian actors were often just arriving in country and therefore often had rather low HR capacities.

In Palestine, overall the Marker and Gender policy were found to provide a framework on how to approach gender and — to a limited extent — operationalise it. The observation that both instruments were providing a framework was supported by interlocutors of both DG ECHO and the cooperating partners. However, it was found that the Marker was often seen by the partners more as a quick checklist during the write-up of actions or reports than as an instrument to guide their work. The tool was mainly used by those in charge of donors' relations and those responsible for write-ups of proposals and reports. Interlocutors noted that if no dedicated person was available within the organisation, aspects linked to gender did not receive appropriate attention. The Marker was also often not operationalized as a tool to guide analysis and responses by the partner organisations, although many interlocutors did note that the Marker encouraged organisations to reflect on gender and age.

Furthermore, DG ECHO Gender policy and Marker tended to stay with the international partner organisations. Local implementing partners were not aware of DG ECHO's Gender policy or the Marker, as the international partners of DG ECHO generally provided training to their sub-contracted local implementing partners based on their own gender policies. Whether these policies presented by the international NGOs were similar to DG ECHO's policy was not known to the local organisations.

As also stated under mainstreaming (judgment criterion 4.1), related to the above practices there was often a 'business as usual' approach to be found in needs analysis and proposed adapted assistance by the partners along their own standard / core policies and procedures. Some aid workers do not start by asking about the needs of different groups before deciding on priority actions and modes of delivery. Situation analyses are then shaped to justify interventions, many of which are part of a standard approach in any case. Thus, organisations working in the education sector will identify the need for schools, while those working in health will come up with requirements for healthcare. WASH experts can choose between joining forces with health/education and taking a household/community approach.

Based on responses from the stakeholders, it was found that while the Marker and the policy might illustrate the importance that DG ECHO places on gender, dialogue and feedback on documents and practices would illustrate this better. As a conclusion it might be said that without dialogue, there is a danger that the Marker becomes even more of a 'box-ticking' exercise.

Surveys

Among the surveys, the Gender-Age Marker was treated under the criteria of efficiency and attracted numerous comments. Among the 11 proposed statements on efficiency issues, 7 were directly linked to the Marker in the DG ECHO staff survey, as well as 8 statements in the partners' survey.

It was interesting to note that, whilst a general statement such as “Overall, the dialogue between DG ECHO and partners on the Gender-Age Marker is contributing to improved gender-sensitive programming” has attracted a clear majority of positive replies (54,1% of the DG ECHO respondents, 67,1% of the partners), some specific statements have been much more disputed. For instance, most respondents did not agree to the proposed statement that ‘the Marker is used as intended as a platform for dialogue along the project cycle’ - except at the monitoring stage by DG ECHO (48,6% of agreement). The existence of a systematic dialogue on the Marker at proposal stage is confirmed by only 31,2% of the DG ECHO respondents³⁹ (the same proportion of 31,2% disagree), and by 27,5% at the final report stage where there were even more negative replies: 32,1%.

Among the partners, there is a comparable concern in the survey: only 30,5% of the respondents agreed that there was a systematic dialogue on the Marker at proposal stage, 28,0% at the monitoring stage (this differed from DG ECHO), and 36,6% at the final report stage. It should be noted that the ‘do not knows’ and ‘neutrals’ were many (48,8% at proposal, 52,4% at monitoring and 46,3% at final report), which may indicate that negotiations are restricted to a small circle of partners’ operational or financial staff which do not often include policy officers – to whom the survey was addressed.

The issue of the common interpretation of the four Marker criteria between DG ECHO and the partners was similarly disputed: only 21,1% of DG ECHO respondents agreed that there was such a common understanding, while 32,1% disagreed. Strangely, these results did not correspond to the partners’ perception of the same issue: 40,2% of respondents among the partners agreed that there was common interpretation of the Marker criteria, against 14,6% who disagreed.

The proportions (and disagreements between DG ECHO and the partners) were almost the same regarding the proposed statement “*The monitoring of the 4 criteria of the Gender and Age Marker is systematically and efficiently carried out*”: 24,8% of the DG ECHO respondents agreed and 31,2% disagreed, whereas 51,2% of the partners acknowledged that such monitoring was duly carried out – albeit within their respective organisations.

Among the free-style comments, many DG ECHO respondents perceived the Marker indications and rating by the partners as a “tick the box” exercise and called for better sensitisation and monitoring by DG ECHO in the application stage.

³⁹ Gender related (not only Marker) discussions during negotiations of proposals were confirmed by 42,2% of the DG ECHO respondents (against 25,7% who disagreed) but only by 32,9% of the partners.

Criterion 5.2. Effects of Gender-Age Marker's improved ratings on Gender policy objectives relevant to mainstreaming

Summary of findings: analysis of the Marker ratings showed an overall increase of these ratings over the reporting period, which had a positive effect on the policy objective of gender integration. Some progress could be measured through the criteria of adapted assistance, SADD or negative effects, despite sometimes difficult contexts. In this respect, on documentary basis some linkages could be found between the Marker criteria and the policy objectives: analysis / SADD and adapted assistance with gender integration, adapted assistance (only when protection is a focus) and negative effects with protection, and participation in both the criterion and the objective.

Direct impact of the rating improvements on policy objectives could not be evidenced in the electronic Single Forms. Some limited evidence has nevertheless been collected during distance interviews with field partners and beneficiaries, which pointed at positive impact regarding gender integration, enhanced by the Marker. There was no such evidence regarding the objectives of protection and participation.

As we have seen above in criterion 5.1, Gender-Age Marker ratings were found to have globally improved over the evaluation period, both among the sampling of 50 projects selected to assess mainstreaming, and by the two Assessment Reports made by DG ECHO. The surveys and KIs were also in general positive, but the three field case studies were not conclusive on this issue.

The qualitative analysis of the Marker ratings which has been summarised above intended to investigate the underlying reasons that could be found for the variations in ratings, as well as indications that such ratings and the corresponding dialogue between DG ECHO and the partners may have impacted at some level on the three policy objectives of gender integration, participation and protection. Such causal links were not easy to observe.

Among the Marker criteria (and their ratings), some were likely to have specific impacts on the three Gender policy objectives: gender integration, participation, and protection. Criterion 1 ('adequate and brief' gender and age analysis in the proposal / SADD in the final report) would for instance relate to gender integration, as well as (generally) criterion 2 (adapted assistance). The same criterion 2 may impact on protection - when this is a focus of the action - as well as the criterion 3 of negative effects. The 4th criterion (adequate participation) would logically be directly linked to the 2nd policy objective of participation.

To assess the 50 projects, the evaluation team has looked in particular at section 5.1 of the eSF (electronic Single Form) where Marker ratings and comments from the DG ECHO field and desk officers were grouped. Even though the comments made by DG ECHO in the FichOps were not designed to report on a process of dialogue leading to improvements (they were rather 'snapshots' of the various project phases), the results were globally positive, based on the following indications.

16 projects (32%) showed some improvement in gender mainstreaming, mainly measured through the criteria of SADD (integration), adapted assistance and negative effects (protection). The most positive ratings were found in the first criterion of disaggregated data (SADD) and the second criteria of adapted assistance.

In parallel, a significant number of projects received maximum ratings throughout the project cycle. 9 projects (18% of the 50 selected projects) were consistently rated 2 by the field expert at all project stages. 4 other projects reached 2 at final stage, after lower ratings during the process. In 4 cases, based on the monitoring comments in the eSF, the progress appeared clearly to be related to the dialogue that took place about the Marker between DG ECHO and the partner – in particular at the monitoring stage.

In some cases, potential improvements of the rating process have been disrupted by context (violence in Libya and CAR, a strongly male-dominated traditional rural society in Kenya), or have reflected the partners' own mandatory policies (food assistance not adapted to children, the food basket had to be similar to adults).⁴⁰

No direct impact of the rating improvements on policy objectives could however be evidenced in the reports, such as better preventing or mitigating negative effects for the beneficiaries, between the beginning and the end of a project, or between two successive projects. Due to COVID limitations, contacts with final beneficiaries have been limited to a few distance group discussions in Nigeria (5) and Bangladesh (2). Notwithstanding the implicit constraints of such discussions (see methodological note), most beneficiaries interviewed in Nigeria perceived that the needs of all gender and age categories have effectively been considered by DG ECHO's implementing partners. On their side, the implementing partners also indicated (criterion 5.1) that the policy and the use of Marker have contributed to improved targeting of the various gender and age groups. These two findings seemed to testify of a positive impact on gender integration.

Evidence concerning the other two policy objectives was not conclusive.

In all three case studies, protection has been duly mainstreamed into the DG ECHO HIPs. In Palestine, protection was also mainstreamed in the overall Humanitarian Response Plan for many years, but still not sufficiently from a gender and age perspective. As discussed under judgment criterion 4.2, activities could be better adapted to the needs of particularly vulnerable subgroups. The team did not find any case where beneficiaries were put at risk from negative effects or where funded projects 'created or exacerbated' gender inequalities or discrimination (as per chapter 4.3 of the Gender policy). However, the reviewed activities, carried out in humanitarian emergencies with often poor Nexus linkages with development actors, did not manage either to 'avoid contributing to perpetuate' (policy 4.3) such inequalities by addressing root causes. It should be noted that protection from sexual exploitation and abuse (PSEA) is considered by DG ECHO as a matter of contractual compliance, as it is a provision of the Framework Partnership Agreement, which is not within the scope of this evaluation.

Participation could only be assessed on documentary basis, which generally (with some few exceptions) reported the use of various types of committees for discussing needs and progress (useful for monitoring but not evaluation). However, in the sampling of 50 projects, the criteria of adequate participation improved in only 3 cases between monitoring and final stage and in 12 cases participation was rated more negatively between these two assessments. Ratings were still 'not sufficient' 17 times (34%) at the final stage. Reasons given were often that disaggregated opinions could be more actively explored in focus groups and community committees and used to inform project design and implementation. Participation seems therefore to remain a crucial aspect for improvement. Further judgment on whether these approaches have been appropriately gender- and age-sensitive would have required field visits.

In Bangladesh, gender issues have been mainstreamed by all interviewed partners but progress was slow as it was impeded by cultural barriers which have so far prevented gender integration, the protection of a large part of the vulnerable groups - especially women and girls - and their meaningful participation, in respect of the 'do no harm' principle.

⁴⁰ In this last instance however, for 2 other projects by the same partner applying the same policy, adapted assistance was noted 'yes' – which illustrates the subjectivity of ratings.

Criterion 5.3. Lessons learnt

Summary of findings: the quality checking process of DG ECHO Marker ratings by the evaluation team as well as KIIs with knowledgeable stakeholders have pointed to a number of needs for clarification in the toolkit (focus on results and not efforts, discrepancies among sub-criteria) and suggestions (use of the Marker for funding purposes, mention of the partner's own gender policy).

The Marker toolkit provisions have listed, for each of the 4 criteria, a number of 'key elements to be considered' for the rating assessment. To summarise:

Gender and age analysis / SADD

- Gender and age analysis at proposal
- SADD at final report stage
- For targeted actions: justification of the choice of the target group

Adapted assistance

- Systematic adaptation of assistance with concrete examples and no gaps
- Measures to avoid the exclusion of certain groups and to ensure equitable access to all

Negative effects

- Potential negative effects of the action on gender and age groups identified and prevented
- Major gender- or age-related negative effects arising from the context identified and mitigated

Adequate participation

- Participatory approach involving women, girls, boys and men of different ages, adapted to the context to minimise response delays, and including adequate techniques
- Adequate composition of humanitarian teams in terms of gender, age and experience

Compliance with these sub-criteria is required in order to provide consistent ratings.

The quality checking process of DG ECHO Marker ratings by the evaluation team as well as KIIs with knowledgeable stakeholders have pointed to a number of needs for clarification, room for interpretation and suggestions, which are listed below.

- Those who are providing the rating are bound to be influenced by their own cultural backgrounds, biases, and their interpretation and knowledge of the context.
- A key element of rating has not been appropriately highlighted in the toolkit: it was only at the foot of page 71 ('What to do, if...?') that the toolkit finally stressed that the assessment concerned the project's performance and not the organisation's efforts (*'What counts is whether the action is successful in complying with the gender and age marker criteria, not whether the partner did everything possible to try to integrate gender and age'*).
- It is not consistent with the requirement from the partners to judge themselves at proposal stage only, as their rating would be based on intended efforts (on top of trying to attract further funding through high marks).
- It may not appear fair for the partners who are struggling in unfavourable contexts.
- From a psychological point of view low ratings may be discouraging and promote a 'box-ticking' exercise.
- The current toolkit provision is not sufficiently explicit and must outline that there will be no reward or punishment based on Marker rating.
- Considering the above, this provision has been found confusing for some stakeholders. Since the Marker would only look at results and not efforts, partners may get a '0' rating for having only fulfilled the needs analysis /SADD criterion, and having failed to deliver adapted assistance, mitigating negative effects, or achieving adequate participation.

Some stakeholders have argued that the Marker should be used as a funding criterion, for the following reasons:

- A “0” rating (by DG ECHO) should not be acceptable as such; this needs to be explained and justified, or it may mean that the project is “gender blind” - which must be avoided.
- Rating “1” (by DG ECHO) should be a minimum, except if otherwise justified. In difficult countries such as for instance Afghanistan or Pakistan, partners may not get a “2” because external factors usually undermine results, but a “1” for adequate needs analysis / SADD should be a prerequisite.

Some stakeholders (including one of the three Marker’s designers, see judgment criterion.2.3) also outlined the following needs for clarification in the current Marker.

- Rating by partners at the proposal stage: there is a need for more advocacy / clarification that this is not a “tick the box” exercise or that higher marks are likely to attract more funding, but to help initiating a dialogue.
- There is a need to better exploit / utilise for dialogue the Marker rating at the monitoring stage, which is the only opportunity to really see what happens on the ground and talk to actors and beneficiaries. The other ratings are done only on a documentary basis.
- The criterion of negative effects should rather be assessed simply by applying the ‘do-no-harm’ principle at proposal stage and asking actors at the final stage to what extent they felt that negative effects (and which ones) have been mitigated or (not ‘and’) prevented. There should be a caveat in the toolkit regarding the factors of contribution or attribution, which often cannot be evaluated.
- The criterion of participation is relevant for programming, implementation and monitoring. Regarding evaluation, there should only be a final satisfaction feedback from the beneficiaries.
- Under the same criterion, the mix of genders in the partner’s staff should not be considered, as it often changes due to turnover or changes in risk situation (adequate experience is still relevant, although not frequently indicated - see criterion 6.3).

A number of key partners interviewed, who are generally following a ‘gender-transformative’ policy, have formulated the following criticisms about the current implementation of DG ECHO Gender policy and the Marker.

- There is a gap between the policy (which is good) and its application, the field practice. In particular, the Gender-Age Marker does not sufficiently look at the drivers of inequality and power differentials; analysis of gender needs often remains at the ‘superficial’ level of mitigating the effects of the crisis, without trying to achieve an impact on the root causes of inequalities and discriminations.
- There is a hierarchy of needs, which is not considered by DG ECHO which sees all genders at the same level. This is not correct: the gender needs of women and girls are usually much larger than those of men and boys. Thus, by looking at all gender and age groups equally, DG ECHO favours a “one-size-fits-all” approach which – according to the same partners - does not work.

Finally, the toolkit should probably include a provision for the partner’s own (internal) gender policy which – as found in Palestine – is often used for training local implementing partners who are themselves directly responsible for results, and thus Marker rating. In a standard partner’s application to DG ECHO’s Framework Partnership Agreement⁴¹, the auditor’s check list (template of 52 pages without auditor’s comments) does not consider the existence and application of a gender policy or gender-sensitive guidelines for programming

⁴¹ “ Ex-ante assessment of a NGO applying to become a humanitarian FPA partner” of DG ECHO for the latest version of the Framework Partnership Agreement (2021).

operations towards beneficiaries among the many principles listed (child protection, SEA policies...). The only gender policy considered in the auditor's list concerns the partner's own staff.⁴² Pending inclusion in the auditor's list, the toolkit should therefore insist that the partners have a gender policy in place which is fully aligned with DG ECHO's.

⁴² The Organisation's internal documents (staff members' contracts, Code of Conduct, procurement procedures, staff policy, etc.) must contain provisions or procedures that ensure equal treatment and non-discrimination based on race, gender, age, religion, sexuality, culture or disability

4.6 Efficiency (EQ6)

EQ6. To what extent were DG ECHO's humanitarian actions related to integrating gender and age as well as addressing sexual- and gender-based violence and sexual and reproductive health efficient? Issues to consider are e.g. use of resources, management and monitoring processes.

Response to the EQ: Overall efficiency, measured through the chosen criteria, has been mixed. It was positive regarding staff expertise and management: most DG ECHO partners have been training their staff to be gender sensitive, which was measured by the Gender-Age Marker. To support the process, within DG ECHO a network of Protection and Gender experts has gradually been put in place at HQ and in the Regional Offices. Participatory monitoring was reported in only half of the reviewed interventions and it was rarely followed by participatory evaluation; there often seemed to be a lack of focus in the policies followed by the partners on participation by concerned gender and age groups of beneficiaries in this process. Evidence was lacking to conclude regarding the use of resources: as there was no mandatory reporting in the Single Forms on this issue, on the basis of the evidence collected the beneficiaries' needs were not analysed when deciding on the use of resources – in particular the budget - for targeted actions on GBV and SRH. However, the three sub-sectors of focus showed comparable budget trends over the period; they all saw a sharp increase as they started to implement the Gender policy, followed by a peak and a slight decrease. Efficiency of training was positive in 2013 – 2017 but decreased afterwards; currently, training on the policy and especially the Gender-Age Marker is a key need for both DG ECHO staff and the partners.

As there are many aspects in the evaluation criterion of efficiency, a selection was made. The five (sub) criteria under this EQ are looking successively at budgets, monitoring, partners' skills, gender expertise within DG ECHO, and training.

Criterion 6.1. Consideration of needs into budget for targeted actions

Methodological clarification: in DG ECHO's evaluations it is recommended that the criteria related to cost-effectiveness be derived from the guidelines endorsed by DG ECHO for this type of analysis. Hence, a specific phrasing ("DG ECHO's budget allocations for targeted actions are clearly based on identified needs in each regional settings") was adopted in the inception phase, based on a general criterion of the cost-effectiveness guidelines. However, due to the lack of accurate information by subsector (see below) and also the lack of target figures per subsector in DG ECHO's strategic documents (HIPs), it appeared during the desk study that such an analysis could not be carried out. This chapter has therefore rather focused on (1) budgetary trends by subsector and (2) the understanding of cost differences per region for provision of GBV and SRH services.

Summary of findings: with due caveats for subsector repartition and the large ICRC strategic partnership embedded in several HIPs, the data (budget, number of projects) from DG ECHO over 2014-2019 have shown similar trends for the three concerned subsectors (Health-GBV, SRH and Protection-GBV). They all saw a sharp increase at the beginning of the period, followed by a peak and a slight decrease. The timelines and scales were however different: Health-GBV – a new subsector - started late (2016) and the peak appeared in 2018. For Protection-GBV and SRH the peaks occurred in 2016, although the share of the Health's sector budget spent on Reproductive Health remained rather stable. There was no feedback on this criterion from the surveys.

Subsectors calculations

The (revised – see clarification above) objective of this section was to analyse budget trends over the evaluation period allocated to targeted actions, i.e. the actions that pertained to at least one of the following three subsectors: Gender-Based Violence (GBV) under the Protection sector, GBV under the Health sector, and Sexual and Reproductive Health (SRH) under the Health sector. The analysis was based on DG ECHO’s calculations of amounts spent on the three subsectors for 2014-2019.

These calculations were based themselves on the information provided by the partners. When a single subsector was involved, the sector amount was entirely attributed to the specific subsector. In the (frequent) case where several subsectors were involved, a repartition key has been applied to allocate the total amount to the different subsectors, making sure that the sum of the subsectors corresponded to the amount per sector. Hence, amounts per subsector were estimated as an addition of amounts allocated to single subsectors and shares allocated to multiple but correlated subsectors. For instance, the total amount spent on Reproductive Health has been estimated by adding the budget allocated to projects dedicated exclusively to SRH under the Health sector and a share of the budget allocated to multiple subsectors which also included elements of Reproductive Health. Thus, an *important caveat* to the analysis that follows was that it has been based on estimated, and not exact, amounts spent on each subsector. In addition, the budget allocated to the Health sector in 2018 and 2019 included funds to the ICRC multi-year HIP 2018-2020. In our analysis, the amount spent on the Health sector from that multi-year HIP has been *proportionally* – and tentatively - added to each subsector, although there was no information about the amounts actually allocated by ICRC in each area.

Health GBV (Medical Response) subsector

The subsector category “Gender-based violence (Medical Response)” did not exist in 2014. It appeared in 2015, with only one project covering Health-GBV that year and an almost non-existent budget. This budget increased in 2016-2017 and then more than doubled to reach its maximum in 2018 (20m€). It decreased afterwards to little more than 10m€ in 2019. The year 2019 was out of the evaluation timeframe but was relevant to this analysis as it showed that the 2018 spike was *a priori* an isolated event and not the beginning of a trend. However, there could potentially also still be additional 2019 funding to be allocated. Figures 10 (A and B) and 11 (A and B) show the initial stability of amount spent and number of projects, followed by a spike in 2018 and then a decline.

Figure 10: Estimated amount related to the medical response to GBV (total and as a share of the Health sector) over the evaluation period.

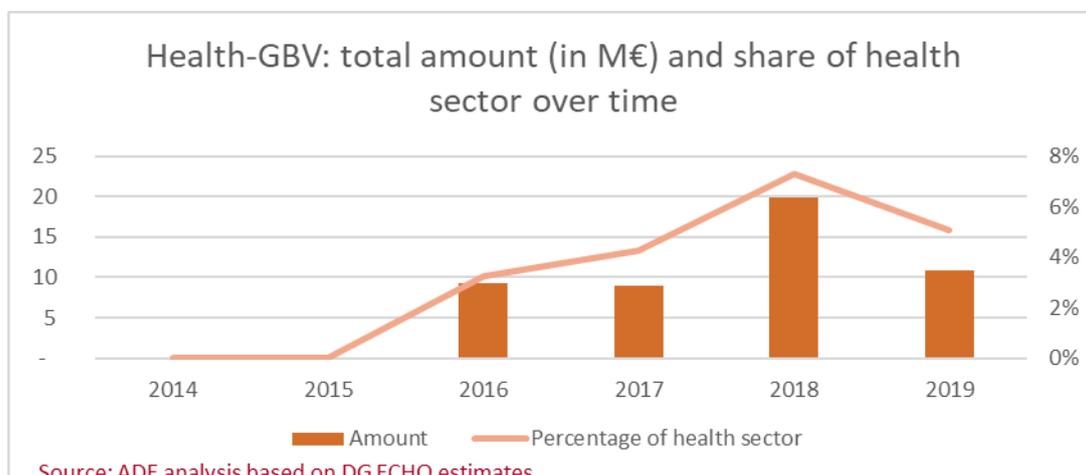
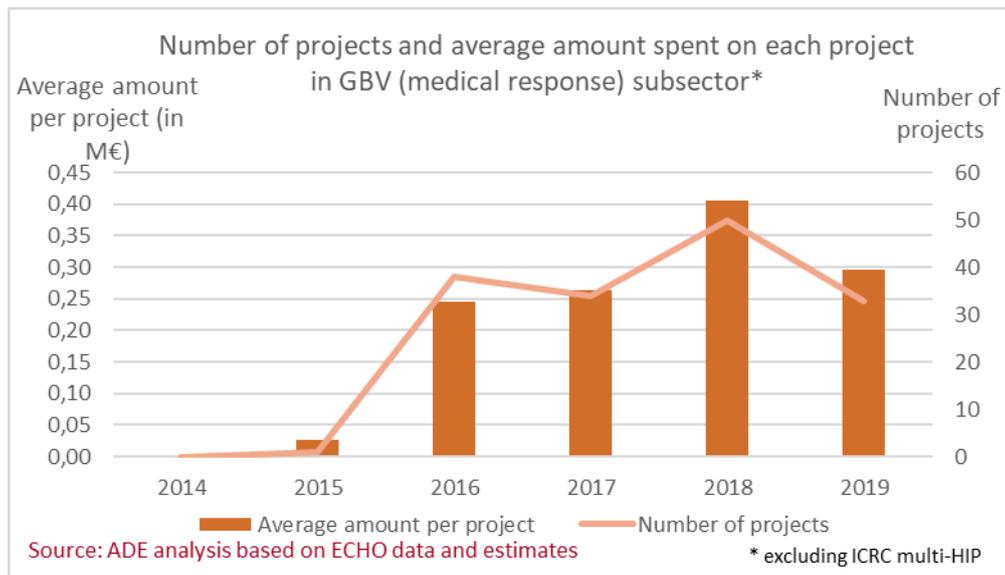


Figure 11: Number of projects and average amount spent per project in Health-GBV subsector (single or multiple) over the evaluation period



As shown below, over the period 2014-2019 very few projects had a budget allocated uniquely to GBV under the Health sector. This is to be expected as vertical programmes on GBV or any other matter are not favoured in DG ECHO Health Policy which tries to integrate SRH as part of the Primary Health Care package. In the vast majority of cases, amounts spent on GBV came from budget allocated to several subsectors, including GBV. Thus, Health-GBV projects were generally integrated into a broader health approach.

Reproductive Health subsector

As can be seen in Figure 12 and Figure 13, the amount spent on Reproductive Health almost doubled from 2014 to 2016 and then decreased over the period 2016-2019. The number of related projects followed the same trend. However, while the share of Health’s sector budget spent on the Reproductive Health subsector remained quite stable in the period 2014-2019 (fluctuating between 9% and 12%), the average amount spent on each project covering Reproductive Health increased over the years, from 0.17m€ in 2014 to 0.39m€ in 2019.

Figure 12: Estimated total amount related to the Reproductive Health subsector (total amount and share of the Health sector) over the evaluation period

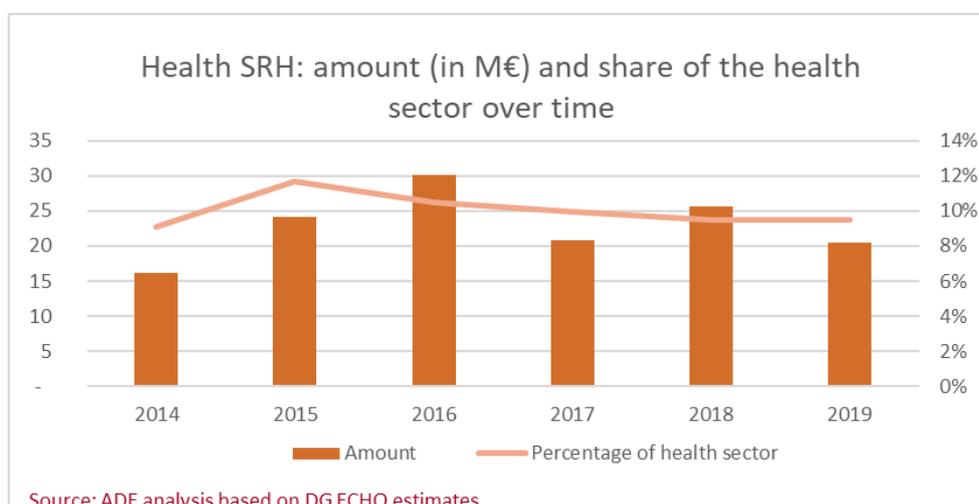
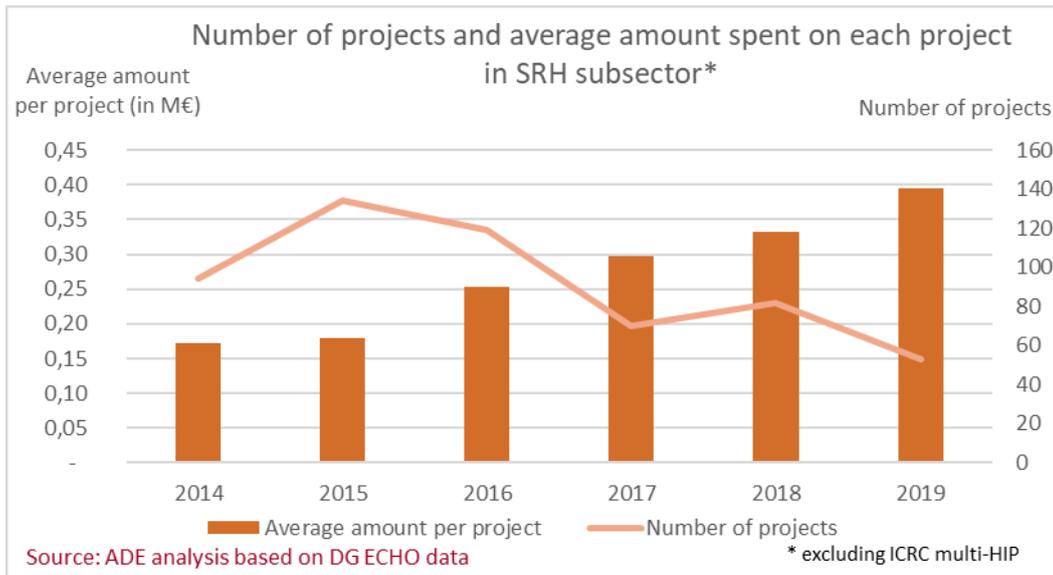


Figure 13: Number of projects and average amount spent per project in SRH subsector over the evaluation period



Protection GBV (Prevention, Response, Other) subsector

As can be seen in the Figures (14 and 15) below, the budget spent on Protection GBV (prevention, response, other) more than tripled from 2014 to 2016, and then decreased until 2019. The number of projects related to this subsector has moved accordingly. The share of Protection’s sector budget spent on GBV (prevention, response, other) subsector was less than 7% in 2014. It subsequently increased and remained stable at around 9% between 2015 and 2019. The average amount spent on each project covering Protection-GBV gradually increased over the period, from 0.16m€ in 2014 to 0.30m€ in 2019.

Figure 14: Estimated amount related to Protection-GBV (total and as share of the Protection sector) over the evaluation period

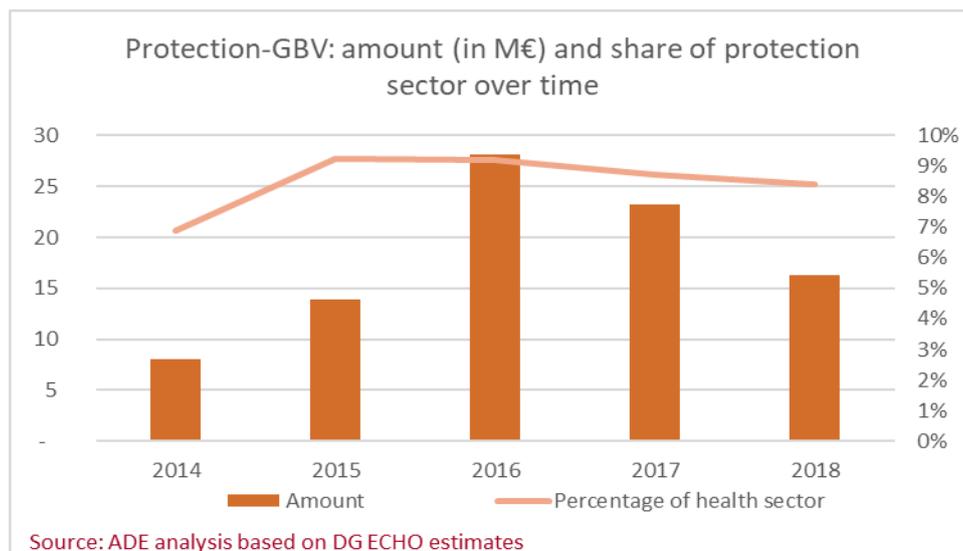


Figure 15: (A): Number of projects and average amount per project in the Protection-GBV subsector over the evaluation period

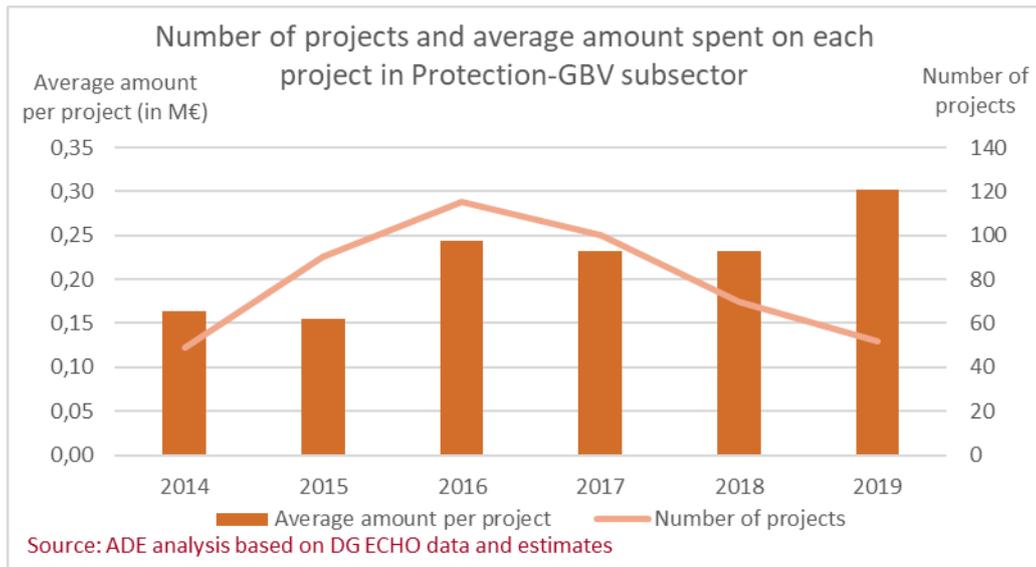
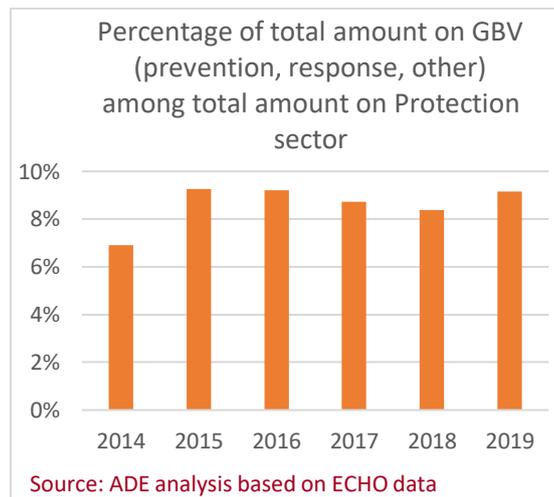


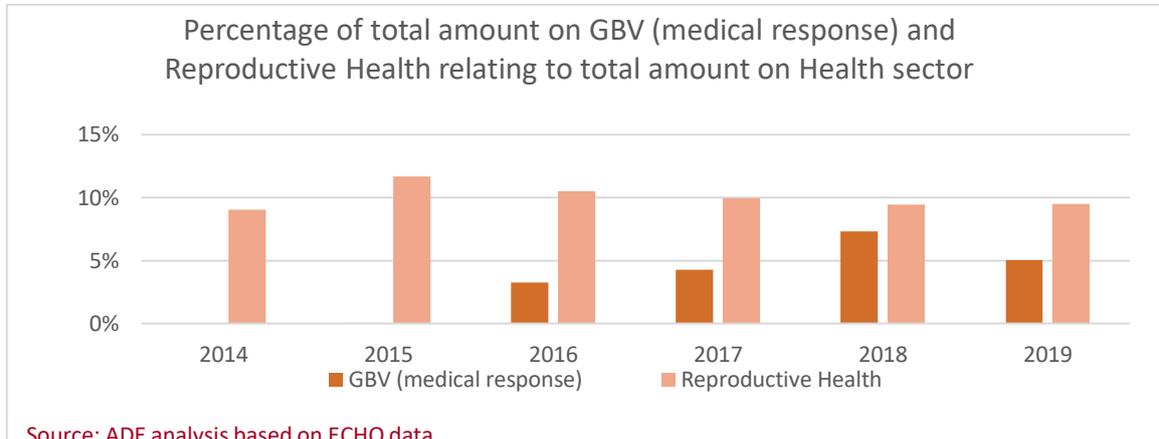
Figure 15 (B): Percentage of total amount on GBV (prevention, response, other actions) among the total amount in the Protection sector, over the evaluation period



Comparisons between subsectors

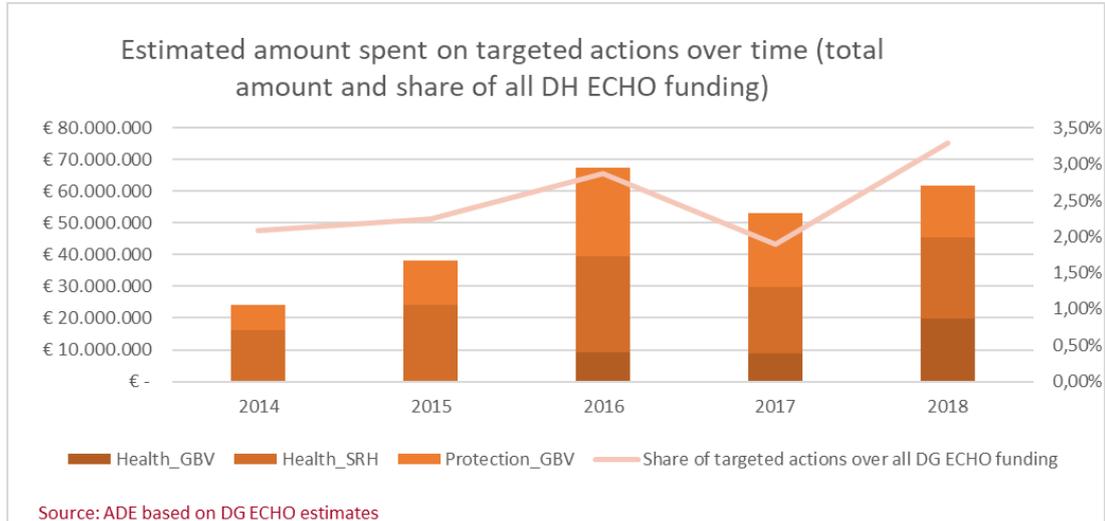
Within the Health sector, a smaller share of budget was spent on GBV than on Reproductive Health over the period 2014-2019, as shown below.

Figure 16: Percentage of total amount on GBV (medical response) and Reproductive Health relating to total amount on Health sector



Overall, the budget allocated to all three types of targeted actions increased between 2014 and 2019. Of the latter, Reproductive Health subsector received the highest amounts over the period 2014-2019.

Figure 17: Estimated total amount on targeted actions



To respond to the matrix indicator 6.1.2 (“average costs / type of SGBV / SRH activity / beneficiary in each region of intervention”) an additional analysis has been carried out to try to define regional specificities based on a random selection among targeted action projects in the four regions used by HOPE (Africa, Asia, Latin America and Caribbean/LAC, and Middle-East – Eastern Neighbourhood/MEEN). The analysis was not conclusive as in eSF / financial reports, there were no mandatory details to be found about costs or numbers of beneficiaries linked to LFA (results / activities); such details depend on each partner.

Criterion 6.2. Participation of beneficiaries in monitoring and evaluation

Summary of findings: half of the selected projects did not mention any participation of beneficiaries in monitoring or evaluation; only 14% of the projects have reported participation by the gender and age groups concerned.

Methodological clarification: the participation evoked under this criterion concerns the various types of monitoring procedures agreed between the partners and the beneficiaries, and carried out jointly by the partners' field staff and the beneficiaries, often through representative committees or PDMs – post-distribution monitoring. This does not concern joint monitoring by the partners and the DG ECHO experts. The “Adequate Participation” criterion of the Gender-Age Marker requires the active involvement of all relevant gender and age groups among the affected populations in the design, implementation, monitoring and evaluation of operations. This does however not concern GBV survivors, for whom confidentiality applies.

An assessment has been made, among the 50 projects selected to review mostly gender mainstreaming, of the participation in monitoring and evaluation processes by the concerned gender and age groups of beneficiaries.

It was found that the participation of the beneficiaries in the monitoring (and evaluation) was often a weak aspect of the project cycle – contrary e.g. to programming during which beneficiaries were often invited to provide their suggestions. On a documentary basis, the participation of the beneficiaries by gender and age groups has been assessed through the narrative in section 3.2.5 (consultation) of the eSF, and the FichOps.

The results indicated a rather poor level of participation in that respect:

- 24 projects (48%) did not mention any participation in monitoring or evaluation by beneficiaries. This category included projects for which data was not available in the eSF, those that focused on young children only, or operated in life-saving emergency settings.
- 19 projects (38%) indicated participation of beneficiaries in monitoring or evaluation, although without mentioning specific inputs by concerned gender and age groups.
- 7 projects (14%) confirmed the participation of beneficiaries in monitoring or evaluation by relevant gender and age groups.

Reasons were several but appeared to relate often to the policies and procedures applied by the partners – or the lack thereof. When such policies did not require a participation reflecting gender and age groups, it did not happen.

It should be noted that under criterion 5.2 above the impact of the Marker on participation also showed rather poor results.

Criterion 6.3. Gender expertise of humanitarian staff

Summary of findings: overall, gender skills (policy, training, staff structure) have remained largely unreported in the Electronic Single Form. Among the 50 selected projects, there were no such reports in 2014 and 2015, and only 20% of the projects mentioned gender skills between 2016 and 2018. The M/F ratio for field staff was found in only one project over the whole period. Information about adequate team composition could sometimes be found in the budget, when the partners provided details on staff positions, although this was neither mandatory nor systematic.

Respondents to the partners' survey were more specific: most confirmed that they had a gender policy in place – consistent with DG ECHO's - and that the staff of their respective organisations could be considered as gender-sensitive. This was confirmed by the partners in KIIs.

Data on partners' staff could be found in section 6.1. of the Electronic Single Form (eSF) where the situation was described at the proposal stage, whilst sections 6.1.1 and 6.1.2 provided information on changes at interim and final stages of the project cycle.

In 2014 and 2015, descriptions of human resources and management capacities were mostly standardized paragraphs – adapted to the crisis or country, job descriptions, or the layout of the management structure. Such descriptions did not mention any specific gender skills, except indirectly. It should be noted that this situation is hardly surprising as the gender policy was new (even the use of the Gender-Age Marker) and there were no particular requirements to highlight gender aspects within the partner's staff at the time.

The situation gradually shifted as from 2016:

- 2 projects (out of 10) clearly mentioned either gender training or positions with gender skills among the staff. Another project indicated mitigation measures to maintain female staff positions despite 'political and security sensitivities' in Pakistan.
- In 2017, of 9 partners for 10 projects only 1 partner reported gender training for the staff, and another provided a relevant task description.
- In 2018, 2 partners describe in details GBV settings among their staff structures. Another provides M/F ratio (balanced), although only through job descriptions and not as a policy.

Overall:

- 36 projects out of 50 selected at random (72%) did not report any mention of gender skills or training among their staff;
- 5 other projects (10%) made indirect references to gender skills among their staff;
- Only one project reported (indirectly, through job descriptions) the M/F gender ratio among its field staff.

Surveys

The respondents to partners' survey widely agreed (69,5%) that the staff of their respective organisations "can be considered as gender sensitive". This does however not necessarily mean that they are supported by a gender expert in the field. 80,5% of the partners also confirmed that they have a gender policy in place which is fully consistent with DG ECHO's.

Among the free-style comments collected from the ECHO partners survey, an anecdotal (not fully triangulated) suggestion has been to allow a budget for gender staff at field level and related training. A partner stated for instance in this respect: *"I believe the policy is only useful if there are gender staff in-country - otherwise it is not used by other staff. As a result - DG ECHO should ensure that all proposals coming to them always have a budget for gender staff and should enforce that. As institutional donor you can ensure that countries have at a minimum budget for gender staff and training on gender for the rest of the organization staff."*

Key Informants Interviews

All interviewed partners in Nigeria reported that their field staff have been trained (by the partners themselves) on gender sensitivity tailored to their project i.e. protection referrals, M&E and complaints mechanism. The partners also had focal points on prevention of GBV and SEA. However, gender balance was not always achieved among the partners' field teams, for reasons that could not be triangulated at a distance (anecdotal findings pointed to the evacuation of female staff in situation of risk, or difficulties of recruitment). As also stated in the KIIs under criterion 5.1, in Palestine local implementing partners subcontracted by the international DG ECHO partners were trained in the internal gender policies of these partners, and had little or no knowledge of the DG ECHO Gender policy.

Criterion 6.4. Structures and support for DG ECHO Gender policy's implementation

Summary of findings: a network of Protection and Gender experts has gradually been put in place at HQ and in six of the seven Regional Offices. The experts have multiple advising tasks at strategic and technical levels for country and regional offices, and provide also training.

The DG ECHO gender review of 2009⁴³ recommended designating a full-time gender expert at HQ level. This recommendation was carried out in 2011 and was complemented by the gradual development of the network of protection and gender experts, as follows.

- 2011: the first position on protection was created; the expert was based in Nairobi with global responsibilities – as part of the team of global policy experts in the field;
- 2014: a regional protection position was created in Nairobi;
- 2014: the first position which was fully dedicated on gender was based in Nairobi with global responsibilities;
- 2 more regional experts were added in 2015, based in Amman and Yaoundé.
- The integrated 'ProGen' (Protection and Gender) network started in 2017. There was a Gender and Age Policy officer in place before 2017; in mid-2017, when the EU took over the C2A leadership, this position was integrated in Unit C1 (Thematic Policy). The officer was also in charge of child protection, and was helped during the leadership by an interim assistant and by an expert who took over child protection for the duration of 2018.
- ProGen positions were added in Kinshasa in 2017, in Colombia in 2016 (for ½ year only as the budget for Latin America was cut), in Panama in 2019 and in Bangkok in 2020. As from August 2020, there were 7 regional experts in place: 2 in Amman and 1 each in Nairobi, Dakar, Kinshasa, Panama and Bangkok. At the time of submission of this report, all DG ECHO Regional Offices have dedicated experts except Yaoundé (expert transferred to Dakar).
- Since 2017 global positions no longer exist (but some global responsibilities remain). All Regional thematic experts working on protection have had their ToR revised and gender was included formally.

Furthermore, the Heads of the Regional Offices have also Gender in their ToR.

The main tasks of the ProGen experts are as follows:

- Internal advisors.
- Strategic and technical inputs to RO and CO (upon request or by own initiative).
- Advising on country programmes.
- Advising on gender policy and tools.
- Training: there are constant needs due to staff turnover; it is noted that training is most usefully delivered during monitoring visits, which allow use of practical examples for both partners and staff. However, there are normally only 2 missions per country per year - if there is the time.

⁴³ https://ec.europa.eu/echo/files/evaluation/2009/Gender_Review_Final.pdf
Final report

Criterion 6.5. Efficiency of DG ECHO's training on the Gender Policy and Marker

Summary of findings: some 30 training workshops have been organised, worldwide, by the INSPIRE consortium from end-2013 to end-2017. They provided training to (at least) 155 DG ECHO and 454 partners' staff. Overall, the workshops were well appreciated. After the end of the workshops an e-learning tool was introduced in December 2019, with modules designed for DG ECHO staff and the partners. It is well conceived and illustrates the complexity of the Marker rating process. References to the e-learning tool are however rather discreet on DG ECHO's website, and surveys and KIIs reported widespread ignorance of this new tool, which needs to be more widely publicised.

The e-learning tool is completed by a (brief) induction package for new DG ECHO staff, a series of internal guidance notes, and training delivered by ProGen experts while on mission (also for the benefit of partners as relevant), as well as ad hoc presentations on the Marker to DG ECHO staff in HQ. KIIs stressed that local implementing partners – who do much of the field work - are generally trained according to the gender policies of the main DG ECHO partners who subcontract them and are poorly informed about DG ECHO Gender policy.

Training is briefly mentioned in chapter 8 of the Gender policy ('From policy to practice') as follows: "Additionally, with a view to reinforcing institutional knowledge and capacity, the Commission will disseminate the gender policy approach and make appropriate guidance and training opportunities available. These will contribute to a common understanding by staff and partners of the gender dimension in EU humanitarian aid and will also promote the sharing of best practices".

Training workshops

The INSPIRE consortium was contracted by DG ECHO in 2012 to support policy development. Their 1st project concerned the Gender policy and the Marker.

From the end of 2013 until the end of 2017 INSPIRE experts organised some 30 workshops (2-3-day modules) which have provided training on gender issues to at least 155 DG ECHO staff and 454 members of the partner organisations.⁴⁴ The workshops took place in 17 different locations, covering all regions of the world: Brussels and Kiev in Europe; Amman and Erbil in the Middle East; Nairobi, Dakar and Tunis in Africa; 5 cities each in Asia and Latin America. The maximum number of participants per session was fixed at 22, although recorded numbers varied from 12 in one case to 26 (in 4 cases).

In 2013, the first 5 workshops were dedicated to DG ECHO staff only (100 persons) and the last one, also in Brussels, gathered 19 participants from NGO partners. Later workshops welcomed mixed audiences from DG ECHO and partners' staff. Until 2017, the workshops provided guidance about the Marker and overall gender and age issues; the last round of 6 workshops had a specific sectoral focus on top of gender issues: WASH, EiE, food security, nutrition, DRR, protection and health. This approach tended to favour exchanges between sector specialists.

Overall, the workshops were well appreciated, and the satisfaction survey collected a mark of 4,5/5. However, the trainer noted some "resistance/reluctance" from a number of DG ECHO participants, which was not perceived among the partners. Suggested reasons were that the workshops were mandatory for DG ECHO staff, they were seen as an extra workload, and some staff were questioning the relevance of the policy to the mandate of DG ECHO and the usefulness of the marker as a tool to assess gender and age integration.

The INSPIRE training modules were downloaded on the platform "Capacity4Dev"⁴⁵ which is not referenced on DG ECHO's website; they do not appear anymore on that platform but

⁴⁴ Please note that the number of participants was not recorded in some of the workshops, so this is a minimum estimation.

⁴⁵ the European Commission's knowledge sharing platform for International Cooperation and Development.

the training modules were kept by the ProGen experts; some of the presentations were adapted for smaller scale presentations on the Marker. As INSPIRE is a member of the Punto Sud consortium, the data from the workshops has reportedly been integrated into the e-learning tool, which ensures the continuity of the training approach.

In addition there is an induction package for new DG ECHO staff (which some of them have found rather succinct), and internal Guidance Notes elaborated on protection-related issues such as GBV, child-friendly spaces, individual protection assistance / case management, protection monitoring, protection mainstreaming, basic protection in active conflicts, and community-based protection. ProGen experts are regularly providing training when on mission and there is also a training course delivered at DG ECHO’s regional seminars, once a year.

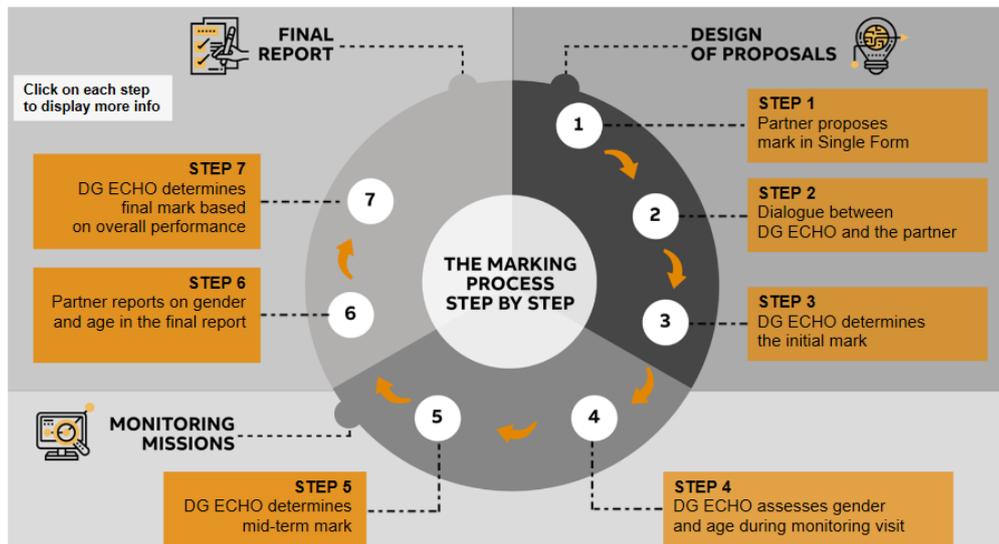
Electronic learning tool

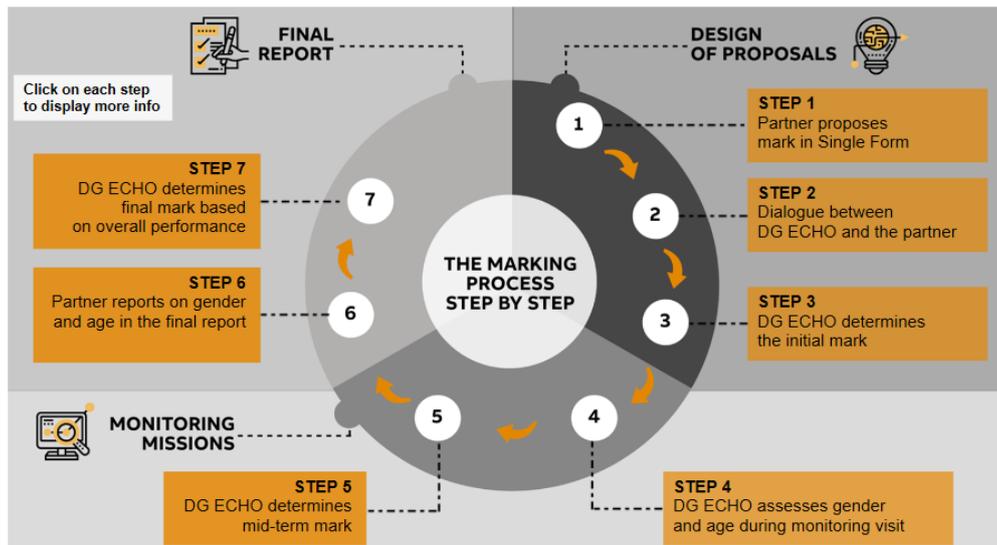
In December 2019 DG ECHO introduced an electronic learning course on the DG ECHO gender and Age Marker, which was developed by the specialised partner consortium Punto Sud (and partner INSPIRE, who also delivered the previous Gender-Age workshops). The course was divided into four modules, which respectively present:

- the importance of gender-age mainstreaming in humanitarian aid and explanations of the key concepts (Module 1);
- how to apply the Gender-Age Marker through the project cycle (figure below), and how to interpret the criteria (Module 2);
- a practical case study for partners (Module 3a); and
- a practical case study for DG ECHO staff (Module 3b).

The course also includes a useful illustrative diagram of the various steps of the Marker rating process, which we have reproduced below for the benefit of readers.

Figure 18: Gender-Age Marker rating process





Source: DG ECHO

Key added value could be found in the electronic course, as it provides at every key step practical examples and lessons learned from the field to illustrate good practices and frequent challenges.

The course also outlines aspects of the Marker which are of course included in the toolkit (see criterion 5.1) but would benefit from additional emphasis.

- The aim of the marker is to enhance dialogue between the EU’s humanitarian staff and the partners to constructively discuss gender and age in humanitarian aid. Examples of dialogue between DG ECHO’s experts and the partner are proposed, to discuss shortcomings at proposal stage.
- Participation must include adequate team composition (M/F members, gender skills) and must be pursued until the final evaluation.

In line with international standards on gender-age integration, the case study module for DG ECHO staff for instance illustrates the challenges of the Marker rating process, owing to several superimposed layers of complexity in analysis and response – such as:

- crisis context, causal and aggravating factors;
- pre-existing culture, genders roles, underlying tensions often made worse by the crisis; and
- appropriate and culturally acceptable response to (multiple) identified needs; some problems may not find a solution only in the framework of humanitarian operations.

Nevertheless, considering that Marker ratings need to be based on results and not on efforts by the partner, and that the notion of “sufficient” response is far from being always a clear-cut case, a measure of subjectivity - and some lack of comprehension between the parties - remains to be expected, despite efforts at objective assessment in the toolkit design.

References to the opportunity for this e-learning course can be found on DG ECHO’s website either through a link in the explanations about the Gender policy, or through another link in the Partners’ Website. The ELSE platform (ECHO Learning Solution Environment) proposes the gender e-learning course to the partners among nine training topics. It is however not indicated as a course on the use of the Gender-Age Marker but rather on ‘Mainstreaming Gender and Age in humanitarian actions’.

Surveys

In the survey forwarded to DG ECHO staff, the issue of training appeared as one of the two main concerns – together with the implementation problems of the Gender-Age Marker. Under the criteria of Efficiency, the proposed statement “The various trainings on the Gender Policy and the Gender-Age Marker provided by DG ECHO for its own staff is appropriate and sufficient to effectively implement the Policy” led to equally divided agreements and disagreements (29,4% in both cases). Lack of knowledge about training opportunities may also be widespread among DG ECHO staff: 20,2% had no opinion, and 21,1% a ‘neutral’ opinion in that respect. Similarly, the proposed statement about the e-learning (“The e-learning on the Gender-Age Marker is appropriate and sufficient”) attracted only 22,0% of agreement, against 14,7% of disagreement and a highly significant proportion of those who “do not know” (41,3%) or have a “neutral” opinion (22,0%). The feedback from the DG ECHO partners’ survey was similar: a large proportion of the respondents indicated that they did not know about the training opportunities and were therefore not able to judge. These figures tended to demonstrate that the current training scheme was either not fully appropriate or should be much more widely publicised.

Key Informants Interviews

In Nigeria, partners were often unaware of the e-learning. One partner became aware of DG ECHO’s e-learning through other organisations (not from DG ECHO directly); another knew about it but did not take the training.

In Palestine, there was not sufficient on-the-ground operationalisation of gender policies and markers (DG ECHO’s and others). This was partly linked to training (delivered mostly by the international partners to the local ones) and was a key concern raised by the partners who felt that trainings seemed repetitive, based on policies, and did not discuss in detail ‘how to operationalize’ the theory. This experience did not change significantly over the years: policies improved but discussions on the effective application of gender and age mainstreaming on the ground did not evolve. Practice on the ground has therefore not progressed sufficiently and little attention has been given to the operationalisation of the policies and markers. No interviewee in Palestine (nor in Bangladesh) mentioned the learning modules.

At the global level, recommendations from partners included more advertising about the e-learning (and other training opportunities on gender), and possibly the creation of a forum that would allow the sharing of experience in gender and protection among DG ECHO partners. An anecdotal statement from a major NGO partner with a dedication to gender issues (arguably in a transformative and female-centred perspective) was also that “in practice (we) have often had gender-related activities removed from proposals by DG ECHO field staff, which may lead in the partner’s view to gender-blind projects. The partners’ conclusion was that “implementation of gender activities remains personality-driven rather than a mandatory organisational imperative”, and their recommendation was to provide more training to all DG ECHO staff on gender-responsive (and possibly transformative) programming.

4.7 Sustainability / Connectedness (EQ7)

EQ7. To what extent did DG ECHO manage to achieve sustainable results in the activities, in particular in the element of capacity-building? What could be further done (enabling factors, tools, mechanism, change of strategy, etc.) to promote sustainability and strengthen links, including in the framework across the humanitarian-development peace Nexus?

Response to the EQ: sustainability has been strengthened by DG ECHO during its leadership of the Call to Action and through the ERC programme, which has helped funding global capacity-building gender initiatives and tools. Connectedness in the field with recovery and development activities under the Nexus process is still poor, as gender issues, protection from GBV and sexual and reproductive health are still not to be found among the Nexus priorities which require a wide consensus among recipient countries and donors. Some new initiatives to strengthen connectedness are being piloted (for instance in Nigeria) but have reportedly been delayed, notably by COVID-19. Pillar II of the EU Gender Action Plan 2021-2025 is another opportunity to strengthen the Nexus.

This last evaluation question is subdivided into two criteria, which are looking at sustainability elements in the DG ECHO-supported international initiatives, and at connectedness through the lens of the Nexus.

Criterion 7.1. DG ECHO capacity-building initiatives' effect on sustainability of gender-sensitive humanitarian programming

Summary of findings: over the period 2014-2018, DG ECHO has facilitated a significant number of activities linked directly or indirectly to the Gender policy, with potential impact on sustainability and connectedness.

A number of activities initiated by DG ECHO over the evaluation period – which are linked directly or indirectly to the implementation of the Gender policy - have contributed to the sustainability and/or connectedness of humanitarian gender-sensitive programming.

The achievements of DG ECHO's leadership of the Call to Action have been detailed above under criterion 3.2, DG ECHO's pro-active leadership resulted in several long-lasting outputs which should contribute to the overall sustainability of global efforts against GBV, in particular:

- The enlarged C2A partnership (18 new partners) which was bound to contribute to overall sustainability (efforts were pursued by Canada).
- The standardized M&E framework to enhance quality of reporting – hence accountability - towards stakeholders and donors.
- Finalisation of the high-level indicators of the Road Map.
- Development of a user-friendly standard reporting template that have been used by partners since 2019.

Development of the C2A website, a joint platform owned by the partnership and managed by the rotating leadership of the initiative, which is still well in use;

- Some of the 10 awareness-raising field workshops organised under the EU leadership have reportedly resulted in the development of monitoring frameworks for actions at field level, while others developed advocacy plans for specific crises.
- Development of Call-to-Action logo and “virtual identity”; such visual identity generally tending to promote a sense of joint ownership in the longer term.

The projects supported by DG ECHO's Enhanced Response Capacity (ERC) funding line have been presented in criterion 4.3. As also discussed under criteria 2.2 and 3.2, ERC has contributed to the publication of key documents such as the IASC Gender Handbook and the inter-agency Minimum Standards for Prevention and Response to GBV in Emergencies

(by GBV AoR, part of the Global Protection Cluster). These documents are bound to be used on the longer term, with regular updates. Furthermore, ERC's funding support for operationalising the C2A Road Map in Nigeria (and DRC) has resulted in improved procedures, increased visibility, funding and support at field level; all these elements should enhance sustainability.

At the end of 2018 DG ECHO awarded nearly €445.000 to the Royal Tropical Institute of the Netherlands (KIT) and Save the Children Netherlands, for a project which is ultimately aiming at sustainability. This is part of the so-called European Parliament pilot projects. The objective is to provide evidence-informed recommendations to contribute towards increasing the capacity of humanitarian actors, to enable them to adequately identify and respond to the needs and rights of groups affected by sexual violence and to ensure the availability of services for sexual violence survivors through community-owned interventions and the public system. Three field case studies are foreseen in Haiti, Nigeria, and Yemen. At the time of submission of this report, the project has incurred significant delays due to COVID-19, and has not yet presented a report or preliminary findings. Due to delays related to COVID-19, the project was granted a 1 year no-cost extension in December 2020.

Criterion 7.2. Integration of gender issues into the Nexus process

Summary of findings: stakeholders agreed that there were opportunities to integrate gender issues and GBV into the Nexus –as a 'bridge' between humanitarian aid and development, but it was not yet clear how this could be implemented in practice; for instance, the Spotlight Initiative is enabling bridges on gender programming in Nigeria and other countries where DG ECHO is funding operations.

C2A (in DRC) and Nigeria could possibly become pilot case studies for Nexus approaches. In Nigeria, the EU-funded Spotlight initiative aims to address the root causes of GBV in the Nexus process, notably in conflict-affected Adamawa State.

The 2030 Agenda for Sustainable Development, which has been endorsed by the EU, promotes a 'triple' Nexus process that supports an enhanced coordination between humanitarian, development, and peace actors. This extended approach has raised several comments from humanitarian actors. As stated under judgment criterion 2.1, Pillar II of the Gender Action Plan (GAP) 2021-2025 aims at Nexus and makes the case for developing a common approach for all EU actors at country-level and for focusing on selected strategic issues.

In November 2019 the Government of Canada hosted an initiative on the joint theme of the Call to Action and the Nexus.⁴⁶ Among the participants was the VOICE platform, which represents many of DG ECHO's NGO partners and has published in the same period a report about the "NGO perspectives on the humanitarian–development–peace Nexus".⁴⁷

In this analysis, VOICE proposed that GBV should be one of the Nexus "enablers", since working on certain themes, like GBV or protection, could make it easier to shift from a humanitarian to a development response and vice versa. This approach has been supported by some of the stakeholders interviewed by the evaluation, who emphasised that gender issues should be a bridge in the Nexus process between humanitarian aid and development. Stakeholders outlined that the Call to Action could pilot some options. A reference to the Nexus has been added in the C2A 'funding' outcome. Denmark, who will become the C2A leader after Canada, seems keen to pursue this approach. In DRC, the Humanitarian coordinator would like the Road Map to inform the upcoming Nexus in Kasai.

⁴⁶ The initiative was called "The Future of the Call to Action: Working in the Humanitarian-Development-Peace Nexus".

⁴⁷ [file:///D:/User/Downloads/voice-nexus-report-2019%20\(1\).pdf](file:///D:/User/Downloads/voice-nexus-report-2019%20(1).pdf)

Nigeria has been for several years an EU Commission pilot country for a Nexus approach. The EU-funded ‘Spotlight’ initiative, a global partnership which was launched in 2017 between the EU and the United Nations to eliminate all forms of violence against women and girls⁴⁸ in Africa, Asia, the Caribbean, Latin America and the Pacific, developed at the end of 2019 in Nigeria a work plan for a ‘showcase’ transition effort to address the root causes of GBV in the Nexus process, notably in the conflict-affected Adamawa State. This initiative is adequately aligned with the C2A Road Map in Nigeria and is also implemented by the same partner who benefitted from ERC funding to strengthen the C2A Road Map in Nigeria.

That Spotlight approach is also consistent with the analysis made by the ‘gender transformative’ partner in Nigeria, mentioned under criterion 4.1. That partner stressed that root causes need to be addressed to start improving gender equality but acknowledged that this would involve a very long-term framework which is not currently accepted by humanitarian donors such as DG ECHO. Lessons learned from the Rohingya case study were similar: while the protection timeline depends essentially on the political context, from a gender/GBV perspective the sustainability of the current efforts will ultimately depend on the capacity and ability of (mostly development) actors to change behaviour among the Rohingya and host populations.

However, stakeholders agreed that the above approaches would require more advocacy. Spotlight for instance is not well known by some key institutional actors. The C2A leader Canada stated that they were “aware” of Spotlight, and that there were “opportunities”. The Director of Gender Affairs and C2A focal point at the Federal Ministry of Women Affairs in Abuja was also aware of the Spotlight initiative, but she did not know specifically about Spotlights’ support to GBV inclusion into the Nexus in Adamawa, as “this State is far from Abuja and they are not informed”.

It should be noted that in Palestine the Nexus process is known and there are some discussions on how gender could be addressed more effectively by operationalizing the Nexus in the extremely difficult context of occupation and annexation. A disconnect was found between humanitarian and development interventions in the KILs; interviewed stakeholders did not appear sufficiently well-informed about the respective work of development and humanitarian actors, and how to coordinate these areas of intervention. This had an immediate effect on the progress that could be made for instance on women’s rights or responding to short and longer-term protection needs of gender and age groups. A clear example of this was insufficient numbers of shelters to support women who were victims of domestic violence. There was also disagreement as to whether this should be considered as a humanitarian or development intervention.

⁴⁸ Spotlight has been driven by DEVCO on the EU side and has initially focused on development approaches rather than humanitarian ones; this has now changed.

5 CONCLUSIONS

This chapter presents the conclusions of the evaluation. They are related to the implementation of the Gender policy; the evaluation was not requested to assess aspects of overall relevance or design of the policy. The conclusions are based on the findings and evidence provided in Chapter 4. They are preceded by a brief overall assessment and are then structured by key themes, as follows: the three forms of intervention foreseen in the policy (mainstreaming, targeted actions, capacity building); training; and cross-cutting issues including coherence, connectedness and some operational concerns.

5.1 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 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 treatment of – 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 the Marker is not yet used to its full potential. In this context, training is crucial considering the high turnover of humanitarian staff, but training opportunities are not sufficiently advertised. Possibilities to hand over humanitarian gender and age-related activities to development programmes and to tackle root causes of gender discriminations in a longer-term perspective are undermined by the lack of corresponding priorities in the Nexus process.

5.2 Conclusions

C1. Mainstreaming: The mainstreaming of gender and age considerations in humanitarian interventions funded by DG ECHO has been significantly strengthened by the implementation of the policy. In particular, the mandatory requirement to apply the Gender-Age Marker to all DG ECHO funded actions 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.

- The Gender policy's focus on the three mutually supporting objectives of gender integration, participation, and protection has **improved the consideration of gender and age perspectives** throughout the various phases of the project cycle. This has been done despite external factors (culture, dynamics of crises) that sometimes prevent equal participation. (EQ5, 6)
- There has sometimes been a '**business as usual**' approach by partners in mainstreaming needs analysis and proposing adapted assistance along their own core policies and procedures. Some situation analyses were shaped to justify standard types of interventions, and the needs of specifically vulnerable (sub-) age and gender groups did not always become apparent from the gender and age analysis in the project proposals, nor were these always related to targeted actions.(EQ4)
- The **electronic Single Form** - the tool that partners must use for reporting on their activities – has been progressively **adapted** along the evaluation period through its structure and details about the Gender-Age Marker, to better follow up gender needs analysis and responses. (EQ4).

- DG ECHO has operationalised its Gender policy primarily through the **Gender-Age Marker**, which is used to rate performances in every intervention according to a dedicated toolkit. The mandatory use of the Gender-Age Marker has **positively contributed** to the enhancement of gender and age integration in humanitarian interventions funded by DG ECHO. This quantitative process has **not been systematically accompanied by a qualitative dialogue** on gender issues between DG ECHO and the partners. This dialogue - when it took place - has been the **most positive element** contributing to mainstreaming, especially during **field monitoring**. (EQ5)
- Despite generally improved Marker ratings over the evaluation period, the **Marker process has often been poorly understood and not properly applied by partners and some DG ECHO staff**. Rating must be based on results and not efforts – irrespective of context: this aspect is poorly outlined in the toolbox. It is also often resisted, especially by partners who tend to aim at getting higher rates in the (wrong) hope that this would attract more funding. As a result, the rating process is often a “tick the box” exercise. Furthermore, as hinted in C.1.4 dialogue did not happen systematically, nor is it always linked to the use of the Marker. (EQ5)

C2. Targeted Actions: Targeted actions have effectively complemented mainstreaming in the three sub-sectors on which the evaluation focused: Protection-GBV (gender-based violence), 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 some particularly vulnerable subgroups⁴⁹, depending on the varying contexts of humanitarian crises.

- DG ECHO and the partners have significantly increased their use of targeted actions since the Gender policy, to cover the critical sub-sectors of Protection-GBV, Health-GBV and sexual and reproductive health. Effectiveness has been limited in some case by the **lack of access** for all GBV survivors, a **lack of complementarity** between some protection and health actors who failed to refer GBV cases to each other, and sometimes by a **lack of proper integration** of sexual and reproductive health in healthcare services. (EQ4)
- Targeted actions have **not sufficiently integrated livelihood and income-generating activities** in the comprehensive multi-sector approach that is supported by the Gender policy. Targeted actions were not able to refer to any detailed livelihoods policy guidelines as these have not been published by DG ECHO. This situation may lead to some shortcomings, as livelihoods and income-generating activities are among the **preferred targeted actions for survivors to overcome GBV trauma** and ‘bounce back’, although such approaches are generally not to be found among core competencies of GBV actors. (EQ4)

C3. Capacity building: Efforts by DG ECHO towards global capacity building, coordination and advocacy for gender issues, have been largely effective. DG ECHO funding has strengthened some global initiatives and guidelines on gender, and its advocacy has contributed to the EU’s presence in this field.

- All the **capacity-building projects** which have been funded by the dedicated Enhanced Response Capacity programme (ERC) of DG ECHO, have been **effective**. The ERC projects aiming at **strengthening global initiatives** such as the Call to Action on Protection from GBV in Emergencies or updating global guidelines that were bound to be used by most humanitarian actors worldwide (Inter-

⁴⁹ E.g. male survivors of GBV, adolescent girls, single mothers, widows, the elderly who are not supported by their families, LGBTI, men and boys victims of conflict-related violence, or women or girls who were kidnapped by non-state armed groups

Agency Standing Committee - IASC - Gender Handbook, IASC Marker) have arguably provided **more leverage effects and synergies**. (EQ4, 7)

- Support to **international coordination and advocacy initiatives and fora about gender issues** by DG ECHO have also been **effective**: the proactive leadership by DG ECHO of the international initiative 'Call to Action on Protection from GBV in Emergencies' has improved the initiative's notoriety, connection to the field and working tools. DG ECHO's participation to the meetings of the EU Working Party on Humanitarian Aid and Food Aid (COHAFA) has helped welcome five EU Member States as new members of the Call to Action and has increased EU visibility on the international scene. However, DG ECHO's presence in COHAFA could not much enhance complementarity on gender issues among members or promote the general use of a humanitarian gender-age marker as COHAFA is essentially a platform for sharing information. (EQ2, 3)

C4. Training: Training 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 were not sufficiently advertised.

There has been some **discontinuity** between the effective training workshops which were organised from 2013 to 2017 for the benefit of DG ECHO staff and the partners, and the e-training which were put online on DG ECHO's website at the end of 2019. In the meantime, support has been provided by the DG ECHO network of Protection and Gender experts to DG ECHO staff and partners. New DG ECHO staff are given an **induction training** but this is quite **succinct** on thematic issues such as gender and age. There is often **poor knowledge** by the partners and DG ECHO staff of the currently available **e-training modules** on the implementation of the Gender policy and the use of the Gender-Age Marker; this may lead to **gaps in the efficiency** of both the DG ECHO staff and the partners. (EQ6)

C5. Cross-cutting issues:

- **C.5.1.** 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: all of these follow the common objective of Gender Equality and have to apply joint procedures of the Gender Action Plan for measuring and reporting progress. The coherence is also high with the concerned **IASC policies** and the IASC Gender with Age Marker. (EQ1, 2)
- **C.5.2. Integration of gender issues in the Humanitarian Implementation Plans (HIP)** 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. The HIPs effectively allow partners to **inform their programming**, although gender issues are to be found among many other operational requirements which have also been updated and better highlighted over the same period. (EQ1)
- **C.5.3. Connectedness** in the field with recovery and development activities **under the Nexus process has been limited** despite DG ECHO's efforts. Gender issues, protection from GBV and sexual and reproductive health were not always among the Nexus priorities which require a wide consensus among recipient countries and donors. This undermined possibilities to hand over humanitarian gender and age-related activities into development programs, and to properly tackle root causes of gender discriminations in a longer-term perspective. The recent Spotlight Initiative and the new EU **Gender Action Plan III** are both relevant as they aim at strengthening connectedness. (EQ2, 7)

- **C.5.4.** 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. (EQ1)
- **C.5.5. Local implementing partners**, who are subcontracted by DG ECHO's international partners and carry out much of the activities but are not legally under DG ECHO's direct responsibility, **are not always appropriately involved** in the gender dialogue. (EQ4)

6 RECOMMENDATIONS

This chapter presents the recommendations of the evaluation. They aim at improving the implementation of the Gender policy. They are listed according to their perceived significance at either strategic or operational level. The conclusions (“C”) on which they are based are outlined for each of them, with a summary figure on linkages provided at the end of this chapter.

Strategic level

SR1 (based on C1): DG ECHO should ensure that its own staff and the partners **correctly apply the Gender-Age Marker process**, for achieving better mainstreaming of gender and age considerations in humanitarian interventions funded by DG ECHO. It should do so by increasing **advocacy and clarification towards the partners** at proposal negotiation stage on the use of the Marker (including through the formal comments sent on the pre-approved initial version), 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.

SR2 (based on C4): DG ECHO should also ensure therefore 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 **e-learning modules** (and other training opportunities on gender) that are already focused on the Gender-Age Marker. Induction training for new DG ECHO staff should be standardised (including with mandatory e-learning Gender-Age Marker module) and 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 on DG ECHO’s website that would allow the sharing of experience in gender and protection between partners.

SR3 (based on C3 and C5.3): DG ECHO should **continue promoting** better inclusion of gender issues and addressing root causes of gender inequalities and discrimination among priorities in the **Nexus process**. It could do this notably within its global effort on capacity building, by supporting 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.

SR4 (based on C1) DG ECHO must further encourage partners to identify all types of most vulnerable subgroups in a given crisis in all their dimensions of diversity – 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-age, the protection and the disability inclusion lenses. Gender-Age Marker rating (criteria of adapted assistance and negative effects) must carefully consider such analysis. .

SR5 (based on C3): DG ECHO should focus **Enhanced Response Capacity funding** for capacity building on supporting **optimum synergies** with existing global initiatives on gender.

Operational level

OR1 (based on C2): More consideration should be given to setting up **income generating activities as targeted actions for recovery** from gender-based violence traumas. Such an approach would however require types of skills other than gender, and integrated programming or possibly referrals to specialised partners.

OR2 (based on C1): DG ECHO should use the **monitoring** stage for stronger **dialogue** with its partners, as field monitoring is the only opportunity for really seeing what happens on the ground and talking to actors and beneficiaries.

OR3 (based on C1): The **Gender-Age Marker toolkit** would benefit from the following clarifications and amendments.

- The fact that the Marker rating is based on results achieved and not on efforts should be better outlined in the toolkit (currently only found in section “what to do if...?”).
- The toolkit should better emphasise that Marker ratings are not leading to affect future funding decisions in the current settings.
- The criterion of negative effects should be assessed by verifying that the ‘do-no-harm’ principle is applied at proposal stage, and asking actors at final stage to what extent they felt that negative effects (and which ones) have been mitigated or prevented.
- There should be a caveat in the toolkit regarding the factors of contribution or attribution (esp. for prevention and mitigation of negative effects) as these often cannot be evaluated.
- For the sub-criterion of evaluation under participation, a sex and age disaggregated satisfaction feedback from the beneficiaries should be deemed sufficient and recommended at final evaluation.
- Under the same criterion, the mix of genders in the partner’s staff should not be considered, as it often changes due to turnover or risks; adequate gender expertise is however required.

OR4 (based on C2): DG ECHO should resolve the **technical issue** with key result indicators for prevention and response under Protection – Gender-Based Violence. It should either improve the HOPE software to allow partners to mention, if relevant, both the key result indicators, or further subdivide into two sub-sectors (P-GBV prevention and P-GBV response) to fit with the key result indicators.

OR5 (based on C2): DG ECHO should promote among the concerned partners a **better complementarity between protection and health actors** in the field for referrals of gender-based violence survivors.

OR6 (based on C2): DG ECHO should promote among the concerned partners a **better integration of sexual and reproductive health** in healthcare structures.

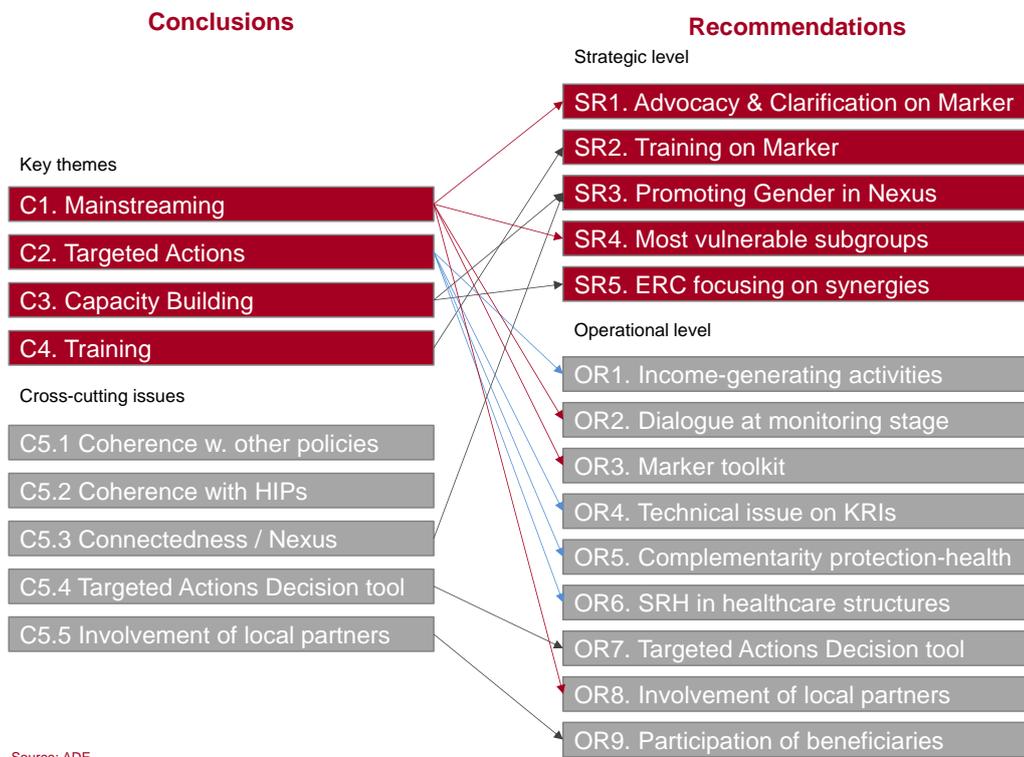
OR7 (based on C5.4): DG ECHO should clarify its **criteria for deciding about funding gender targeted actions**. It could build on the example of the specific policy coherence criteria outlined in sub-chapter 3.2.2 of the technical annex to the HIP 2019 for South East Asia and use it as a model to be expanded and focused into a decision tool for gender activities. For instance, this model could (1) integrate also participation, partner’s experience and budget, and (2) be used with a matrix tool designed to measure compliance with these criteria.

OR8 (based on C5.5): DG ECHO should advocate among its partners **to enhance involvement of local implementing partners** in gender dialogue with DG ECHO and the Marker rating process, considering (1) the high level of turnover among international staff, (2) the crucial role of local partners in project implementation and the impact of their activities on Marker rating, and (3) follow up of the Localisation agenda.

OR9 (based on C1 and C5.5): DG ECHO should also advocate among the partners to include in their own gender policies provisions on **participation of beneficiaries**. This needs to be done by gender- and age-disaggregated groups in programming, monitoring (feedback through committees) and evaluation (satisfaction feedback).

The linkages between the conclusions and the recommendations are summarised in the figure below.

Figure 19: Conclusions and Recommendations - Linkages



ANNEXES

Annex A – Terms of Reference



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR EUROPEAN CIVIL PROTECTION AND HUMANITARIAN AID
OPERATIONS (DG ECHO)

ANNEX

TERMS OF REFERENCE

**For the evaluation of the European Union's implementation of the DG ECHO
Thematic Policy Document Gender: Different Needs, Adapted Assistance of July
2013, (2014-2018)**

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1. EU HUMANITARIAN INTERVENTION

1.1. FRAMEWORK

1. The **legal base** for Humanitarian Aid is provided by Article 214¹ of the Treaty on the Functioning of the European Union, and the Humanitarian Aid Regulation (HAR); Council Regulation No. 1257/96². The objectives of European Union (EU) humanitarian assistance are outlined there and could – for evaluation purposes – be summarized as follows: *From a donor perspective and in coordination with other main humanitarian actors, to provide the right amount and type of aid, at the right time, and in an appropriate way, to the populations most affected by natural and/or manmade disasters, in order to save lives, alleviate suffering and maintain human dignity.*
2. The **European Consensus on Humanitarian Aid**³ (the Consensus) – which has been jointly developed by the Council, the EU Member States, the European Parliament and the Commission – provides a reference for EU humanitarian aid, and outlines the common objectives, fundamental humanitarian principles and good practices that the European Union as a whole pursues in this domain. The aim is to ensure an effective, high-quality, needs-driven and principled EU response to humanitarian crises. It concerns the whole spectrum of humanitarian action: from preparedness and disaster risk reduction, to immediate emergency response and life-saving aid for people in a vulnerable situation in protracted crises, through to situations of transition to recovery and longer-term development. The Consensus has thus played an important role in creating a vision of best practice for principled humanitarian aid by providing an internationally unique, forward-looking and common framework for EU actors. It has set out high-standard commitments and has shaped policy development and humanitarian aid approaches both at the European and Member State level. Furthermore, with reference to its overall aim, the Consensus has triggered the development of a number of humanitarian **sector policies**⁴.
3. The humanitarian aid budget is implemented through financing decisions adopted by the Commission, which are based on Article 15 of the HAR. In general, there are two types of financing decisions: decisions adopted in the context of non-emergency situations (currently entitled **World Wide Decisions** (WWD)), and decisions which are adopted in emergency situations. The WWD defines inter alia the total budget, and budget available for specific objectives, mechanisms of flexibility. The funding decision also specifies potential partners, and possible areas of intervention. The operational information about crises and countries for which humanitarian aid should be granted is provided through ‘Humanitarian Implementation Plans’⁵ (HIPs). They are a reference for humanitarian actions covered by the WWD and contain an overview of humanitarian needs in a specific country at a specific moment of time.
4. DG ECHO has more than 200 partner organisations for providing humanitarian assistance throughout the world. **Humanitarian partners** include non-governmental organisations (NGOs), international organisations and United Nations agencies. Having a diverse range of partners is important for DG ECHO because it allows for comprehensive coverage of the ever-expanding needs across the world – and in increasingly complex situations. DG ECHO has developed increasingly close working

¹ <http://www.lisbon-treaty.org/wcm/the-lisbon-treaty/treaty-on-the-functioning-of-the-european-union-and-comments/part-5-external-action-by-the-union/title-3-cooperation-with-third-countries-and-humanitarian-aid/chapter-3-humanitarian-aid/502-article-214.html>

² <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1996:163:0001:0006:EN:PDF>

³ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2008:025:0001:0012:EN:PDF>

⁴ http://ec.europa.eu/echo/what/humanitarian-aid_en

⁵ http://ec.europa.eu/echo/funding-evaluations/funding-decisions-hips_en

relationships with its partners at the level of both policy issues and management of humanitarian operations.

5. DG ECHO has a worldwide network of **field offices** that ensure adequate monitoring of projects funded, provide up-to-date analyses of existing and forecasted needs in a given country or region, contribute to the development of intervention strategies and policy development, provide technical support to EU-funded humanitarian operations, and facilitate donor coordination at field level.
6. DG ECHO has developed a two-phase framework for assessing and **analysing needs** in specific countries and crises. The first phase of the framework provides the evidence base for prioritisation of needs, funding allocation, and development of the HIPs.

The first phase is a global evaluation with two dimensions:

- Index for Risk Management (INFORM) is a tool based on national indicators and data which allows for a comparative analysis of countries to identify their level of risk to humanitarian crisis and disaster. It includes three dimensions of risk: natural and man-made hazards exposure, population vulnerability and national coping capacity. The INFORM data are also used for calculating a Crisis Index that identifies countries suffering from a natural disaster and/or conflict and/or hosting a large number of uprooted people.
- The Forgotten Crisis Assessment (FCA) identifies serious humanitarian crisis situations where the affected populations do not receive enough international aid or even none at all. These crises are characterised by low media coverage, a lack of donor interest (as measured through aid per capita) and a weak political commitment or ability to solve the crisis, resulting in an insufficient presence of humanitarian actors.

The second phase of the framework focuses on context and response analysis:

- Integrated Analysis Framework (IAF) is an in-depth assessment carried out by European Commission's humanitarian experts at field level. It consists of a qualitative assessment of humanitarian needs per single crisis, also taking into account the population affected and foreseeable trends.
7. In 2016, the Commission endorsed the [Grand Bargain](#), which is an agreement between more than 30 of the biggest donors and aid providers, with the aim to close the humanitarian financing gap and get more means into the hands of people in need. To that end, it sets out 51 commitments distilled into 10 thematic work streams, including e.g. gearing up cash programming, improving joint and impartial needs assessments, and greater funding for national and local responders. For humanitarian donors, the commitments refer to: 1) more multi-year humanitarian funding; 2) less earmarks to humanitarian aid organisations; 3) more harmonized and simplified reporting requirements.

2. CONTEXT OF THE EVALUATION

This evaluation focuses on:

- **The EU’s implementation of the DG ECHO Thematic Policy Document Gender: Different Needs, Adapted Assistance of July 2013 (timeframe: 2014-2018).**

As “gender” is not a thematic sector of humanitarian aid within the workings of DG ECHO, the evaluation should look at different elements that relate to the implementation of the EU’s gender policy for humanitarian aid, as described below.

Further information is included below on the specific elements to be included.

2.1. EU APPROACH TO GENDER AND HUMANITARIAN AID (OVERVIEW OF RELEVANT POLICIES)

Gender policy

Natural disasters and human-made crises are not gender neutral — they have a different impact on women, girls, boys and men. Thus, in order to enhance the quality of humanitarian programming and respond effectively to the differentiated needs of various gender-related groups, humanitarian assistance supported by the European Union must take considerations of gender and age into account. The systematic integration of a gender approach into humanitarian aid is an operational requirement for effective quality programming, as well as a matter of compliance with the EU humanitarian mandate and international law and commitments. Gender-insensitive operations are less effective because they may not reach a large part of the affected population — often the most vulnerable are not identified — or may fail to respond adequately to their specific needs. Moreover, they can expose beneficiaries to serious risks (even life-threatening ones), such as sexual and gender-based violence.

Ensuring that gender is not disregarded is also about being accountable to beneficiaries, complying with the imperative need to assist women, girls, boys and men of all ages who are in a vulnerable situation and acting in accordance with humanitarian principles, particularly humanity and impartiality. Having a direct influence on vulnerabilities and needs, gender dynamics are at the core of the EU humanitarian aid mandate: to support needs-based ‘operations on a non-discriminatory basis to help people in third countries, particularly the most vulnerable among them, and as a priority those in developing countries, victims of natural disasters, man-made crises, such as wars and outbreaks of fighting’.⁶

The [European Consensus on Humanitarian Aid](#) stresses the need to integrate gender and age considerations, including protection strategies against sexual and gender-based violence, in humanitarian response. It highlights the importance of promoting the participation of crisis-affected women, girls, boys, and men in the design, implementation and evaluation of humanitarian actions.

The European Commission's Gender Policy '[Gender in Humanitarian Aid: Different Needs, Adapted Assistance](#)', of July 2013, outlines a reinforced policy approach to gender and gender-based violence in humanitarian settings.

⁶ Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid, Article 1

To ensure that this policy is effectively implemented, the European Commission introduced a [Gender-Age Marker \(toolkit\)](#) in 2014. This is a quality and accountability tool that measures the extent to which EU-funded humanitarian actions integrate gender and age considerations.

The DG ECHO Gender-Age Marker is a tool aimed at *assessing* how strongly DG ECHO funded humanitarian actions integrate gender and age considerations. The marker consists of four criteria and is applied throughout the action management cycle namely at proposal, monitoring and final report stage. The four criteria of the Gender-Age Marker include:

1. Gender and age analysis/sex and age disaggregated data (SADD);
2. Assistance adapted to the specific needs and capacities of different gender and age groups;
3. Prevention and mitigation of negative effects;
4. Adequate participation.

A [first assessment report on the Gender-Age Marker](#), covering 2014-2015, highlights the usefulness of the Marker and calls upon partners to continue investing in capacity-building on gender and age. In 2015, 81 percent of all EU humanitarian aid integrated gender and age considerations 'strongly' or 'to a certain extent'. Preliminary data suggests that in 2016, 87.5 percent of all projects integrated gender and age to some extent. For 2017, preliminary data suggests that this is 89.1 percent.

At global level the Gender-Based Violence Area of Responsibility (as part of the Global Protection Cluster) is hosted by the United Nations Population Fund.

See [factsheet](#) and [Gender Policy](#) for further information.

Protection policy

When needs arise as a consequence of violence, deliberate deprivation and restrictions of access, the Commission aims to ensure that the projects it funds look beyond the mere material needs to the broader issues of personal safety and dignity. For the Commission humanitarian protection is defined as addressing violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises, in compliance with the humanitarian principles of humanity, neutrality, impartiality and independence and within the framework of international law and in particular international human rights law (IHRL), International Humanitarian Law (IHL) and Refugee Law. Protection is embedded in DG ECHO's mandate as defined by the HAR and confirmed by the European Consensus on Humanitarian Aid.

In addition, in 2016, the European Commission issued a new policy on protection ['Humanitarian Protection: Improving protection outcomes to reduce risks for people in humanitarian crises'](#), which outlines in more detail the objectives of the Commission's humanitarian protection work and provides guidance for EU-funded protection work in humanitarian crises. It includes further guidance for programming of protection activities, including on gender-based violence.

The Commission views protection as a single sector, encompassing all aspects of protection, including e.g. child protection, Gender-Based Violence (GBV), Housing, Land and Property (HLP) and mine action. This does not deny the need for specialised services,

but stems from the perspective that a comprehensive analysis is needed in order to determine the most appropriate response “package” in a given context.

Health policy

[Health](#) is both a core sector of humanitarian aid interventions and the main reference for measuring overall humanitarian response. With the global trends of climate change and a growing and ageing population, together with the increasing frequency and scale of natural disasters and the persistency of conflicts, humanitarian health and healthcare needs are expected to increase. Given the significance of Commission humanitarian health assistance for the health sector in emergencies, and of the sector for Commission humanitarian health assistance, the Commission developed a set of [Health Guidelines](#) (operational in 2014) accompanied by technical annexes to support an improved delivery of quality and affordable health services, based on humanitarian health needs and promoting multi-sectoral approach to tackle health-related issues.

[DG ECHO's Health Policy](#) outlines that sexual and reproductive health (SRH) services should preferably be integrated into primary health care rather than being a standalone program, being the health sector the main entry point also for SGBV cases. SRH is almost always included as a part of the Basic Package of Health Services (BPHS), which is a package of interventions designed to meet the most important health needs of all segments of the population at community level, at primary healthcare and, at times, secondary healthcare levels. . [DG ECHO's Health Technical Guidelines](#) state that all humanitarian partners should comply with the Minimum Initial Service Package of Reproductive Health in Crises (MISP).

Other related policies

Addressing sexual-and gender-based violence through humanitarian targeted actions and the DG ECHO Gender-Age Marker are also referred to in the ['European Union Gender Action Plan 2016-2020'](#), which sets out the framework for action for all activities on gender equality and women's empowerment in the EU's external relations, including for EU Member States.

From [June 2017 to December 2018, the EU led the 'Call to Action on Protection from Gender-Based Violence in Emergencies'](#), a global initiative which aims to drive structural change in the humanitarian system to address gender-based violence. The Call to Action brings together 82 partners, including 17 EU Member States. The EU has been an active member of the Call to Action since its creation in 2013. A Call to Action Road Map 2016-2020 sets out an operational framework with common objectives for the humanitarian community to be translated into targeted actions on the ground. During its leadership of the Call to Action, the EU welcomed 18 new members to the initiative, piloted the Call to Action in Nigeria and Democratic Republic of the Congo, raised awareness of the initiative with more than 500 humanitarians in the field, and facilitated the drafting of the 2017 Call to Action Progress Report.

2.2. DG ECHO'S 2013 GENDER POLICY IN-DEPTH

The EU's approach to gender and humanitarian aid is set out in the DG ECHO's [Gender Policy \(2013\)](#). This policy uses the [Inter-Agency Standing Committee Handbook on Gender \(2006\)](#) definition: “Gender ‘refers to the social differences between females and

males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time and have wide variations both within and between cultures. ‘Gender’ determines the roles, power and resources for females and males in any culture’ (source: IASC).” *Reference: IASC, Gender Handbook in Humanitarian Action, Women, girls, boys and men — Different needs — equal opportunities, 2006.*⁷

The purpose of gender-and age-sensitive humanitarian actions is to support all vulnerable groups according to their specific needs. While acknowledging that, worldwide, gender discrimination particularly affects women and girls, the Commission supports a broad understanding of gender, which does not only focus on women and girls but also takes into account the different needs of men and boys. The needs of other gender-related groups, such as lesbians and gay, bisexual, transgender or intersex (LGBTI) persons, should also be recognised. However, considering the difficulties in identifying these groups in crisis situations and in order to avoid stigmatisation or counterproductive effects it may not be recommended to target their needs separately in the context of humanitarian aid.

In line with the European Consensus on Humanitarian Aid, the **principal objective** of the European Union’s gender approach to humanitarian aid is to improve the quality of humanitarian operations by systematically tailoring responses to the specific needs of women and men of all ages, effectively helping the most vulnerable.

The **specific objectives**, based on the gender-related commitments made in the Consensus, are:

- **Gender-age integration/mainstreaming:** This means systematically providing assistance that is adapted to the specific needs and capacities of women, girls, boys, men and older women and men, of all ages. As a result, gender- and age-sensitive humanitarian responses are adapted to the differentiated needs and risks, mindful of the diverse cultural backgrounds and coping mechanisms and designed to foster the capacities and potential contributions of various gender groups.
- **Participation:** Guaranteeing the participation of women and men of all ages in the design, implementation and evaluation of humanitarian operations is crucial to ensuring adapted assistance. The pursuit of this objective may require specific measures, such as same-sex consultation groups and child-friendly techniques, aimed at ensuring that certain groups are not excluded. In particular, boys and girls are encouraged to participate, in accordance with the age and maturity of the child.
- **Protection:** Humanitarian actions must take into account particular vulnerabilities and incorporate gender-related protection strategies, aimed at safeguarding beneficiaries from risks related to the context or even arising from the relief operation itself, including sexual and gender-based violence and sexual exploitation and abuse. While humanitarian agencies may not be in a position to

⁷ Please note that the handbook has since been updated, with support from the EU: [IASC Gender Handbook for Humanitarian Action, 2017](#). This includes an updated definition on gender: “Gender refers to the socially-constructed differences between females and males — and the relationships between and among them — throughout their life cycle. They are context- and time-specific and change over time, within and across cultures. Gender, together with age group, sexual orientation and gender identity, determines roles, responsibilities, power and access to resources. This is also affected by other diversity factors such as disability, social class, race, caste, ethnic or religious background, economic wealth, marital status, migrant status, displacement situation and urban/rural setting. (*Reference: Revised definition from the IASC Gender Handbook in Humanitarian Action 2017*)”.

eliminate all context-related risks, any adverse impacts that the context in which humanitarian crises occur may have on affected populations should be mitigated as far as possible. At the same time, humanitarian interventions must not create, exacerbate or contribute to perpetuating gender inequalities or discrimination and must not put beneficiaries at risk, in accordance with the abovementioned ‘do no harm’ principle. One particular type of protection aims at preventing and responding to sexual and gender-based violence and sexual exploitation and abuse. Nonetheless, gender-specific needs and vulnerabilities equally need to be incorporated into other protection-related responses. Protection risks may have numerous gender specificities. For example, in a society affected by conflict, where women are traditionally confined to their homes, men are perhaps more likely to suffer from targeted killings, disappearances and arbitrary arrests, while women may lack access to humanitarian assistance.

The abovementioned objectives are pursued through the following forms of intervention, following a three-track approach:

1. **Mainstreaming:** Humanitarian assistance systematically integrates a gender perspective into the needs assessment, appraisal, design, implementation, monitoring and evaluation of interventions and in all aspects and sectors of assistance.
2. **Targeted actions:** In order to respond to specific gender-induced vulnerabilities, needs or risks — particularly when one group is clearly more vulnerable than others — actions targeting that specific group may be deemed necessary. Such actions should respond to a clear need that has been identified through a gender analysis and cannot be adequately addressed through mainstreaming. This type of action should be understood as special or corrective measures that help to redress inequality (positive discrimination).
3. **Capacity building:** Given the limited capacity of humanitarian actors to understand and address gender issues, there is a need to stimulate capacity building for gender-sensitive programming. The Commission is, therefore, committed to strengthening the ability of those involved in humanitarian aid to assess, plan, deliver, monitor, evaluate and advocate for gender-sensitive humanitarian aid, in a coordinated way. Support for operations aimed at building capacity in this field is provided mainly through the Enhanced Response Capacity initiative, financed by the EU budget. Capacity building efforts should be sustainable beyond the funded action and coordinated among the relevant actors, at the local, national or global levels. They should also promote shared learning, through the dissemination of good practice.

Interlinkage gender-age mainstreaming and protection mainstreaming

While gender and age is one of the mainstreaming aspects that DG ECHO takes into account, a person might also be affected by other diversity factors⁸, resulting in different

⁸ Race/ethnicity/caste, family separation (especially for children – temporarily or unaccompanied), socio-economic position, marital status, literacy level, nationality and/or absence (statelessness), belonging to a

degrees of discrimination. Gender is therefore closely interlinked with other mainstreaming issues that DG ECHO finds important, for instance protection mainstreaming.

For these elements to be comprehensively addressed they must be analysed and operationalised according to the different threats, vulnerabilities and barriers faced by different gender, age, disability and contextually relevant diversity groups and taking into account existing capacities and enablers of these groups to overcome the threats, vulnerabilities and barriers.

Gender-Age mainstreaming and protection mainstreaming therefore complement each other well, and the four criteria of the DG ECHO Gender-Age Marker can all be related to one of criteria of protection mainstreaming, as shown in the infographic below.



Sexual and reproductive health (SRH)

Sexual and reproductive health services are devoted to address specific health needs of different groups of the affected populations, including children, women, girls, boys and men in emergencies. In particular, health interventions should assess the need to offer holistic care to survivors of sexual and gender based violence (SGBV), given the core role of medical care in a comprehensive response to SGBV as set out in DG ECHO's Gender Policy. The mental health and psychosocial support to survivors of GBV is a component to be included into the minimum service package as part of an integrated delivery of health services. ECHO partners need to build up capacities to provide SRH services to target population on the basis of basic needs assessment and also on the basis of the analysis of the health system already in place, where possible, in order to fill the gap of unmet needs in emergencies.

minority (ethnic, linguistic, religious, social), disability, displacement status, being from rural/urban areas, being HIV positive or having a life-threatening illness, etc.

3. PURPOSE AND SCOPE OF THE EVALUATION

3.1. PURPOSE AND GENERAL SCOPE

The **purpose** of this exercise is to:

- Provide an external, independent, thematic evaluation of DG ECHO's commitment to systematically integrate gender and age in humanitarian aid, with a view to improving future interventions, based on an analysis of what works and what should be improved. **The main reference for the evaluation is the EU's 2013 humanitarian Gender Policy, which sets out the EU's approach to gender and humanitarian aid.** Thus, it should be examined how the objectives of this policy are being applied 'on the ground', what any possible obstacles are for a proper application, and how its application can be improved. This includes a retrospective assessment of the EU-funded actions and engagement in the area of humanitarian aid, which should help shaping the EU's future approach and priorities.

The following elements should be covered by the evaluation:

1. **Evaluation of the implementation of the DG ECHO Gender Policy (including the DG ECHO Gender-Age Marker;)**
 - This relates to the objectives of: *gender and age integration/mainstreaming and participation*, and to the following form of intervention: *gender mainstreaming*.
 - DG ECHO's actions, policies, and strategies to implement the Gender Policy should be assessed. This should include looking at the institution wide inclusion of gender (and age) mainstreaming in relevant (funded) actions, policies, and strategies. For instance, this includes an assessment of relevant projects, but also policy documents such as the Humanitarian Implementation Plans. It should also look into the EU's efforts on capacity-building of its staff and partners. Please note that the EU has already published a [report on the application of the DG ECHO Gender-Age Marker for 2014-2015](#), and the report for 2016-2018 is currently being prepared. Rather than looking at the *application* of the Marker (data), the evaluation should look into the effect of mainstreaming in terms of enhanced quality of humanitarian assistance (as the Marker is only the tool to achieve this). The relevance and effectiveness of the DG ECHO Gender-Marker is one element that should be included, for instance through surveying DG ECHO staff and DG ECHO partners on the usage, usefulness and implementation of the marker. The assessment should look for effect, lessons learnt (what is working and what is not), opportunities and challenges, as well as potential issues. This assessment should also include a comparison between the situation prior to the introduction of this policy and tool in 2013/2014, and afterwards.
2. **Evaluation of support to actions in the area of Sexual- and Gender-Based Violence and Sexual and Reproductive Health;**
 - This relates to the objective of: *protection* and to the following form of intervention: *targeted actions*.
 - This strand of work should look at the EU's support to actions preventing and responding to sexual- and gender-based violence. This will include looking at interventions supported under the gender-based violence subsector of Protection programming, as well as gender-based violence response subsector of Health programming.

- It should also look at the EU's support to actions on reproductive health, as a subsector of Health programming.
 - As part of this task, the evaluator is asked to define and analyse DG ECHO's portfolio of funded actions globally in the area of sexual- and gender-based violence and sexual and reproductive health during the evaluation period, and should include the type of modality or mix of modalities used;
 - Based on an analysis of the HOPE project database, the contractor should make an inventory, and provide a synthesised description of the projects funded under the period examined, which will provide a starting point for the evaluation. Thus, this task should be carried out in the Inception phase.
 - It will be decided with DG ECHO in the inception phase, what aspects the evaluator is expected to focus on within their compilation of the funded actions.
3. **Evaluation of the EU's global work on capacity-development, policy development/dissemination, and participation in global coordination/advocacy.**
- This relates to the objective of: *gender and age integration, protection and participation* and to the following form of intervention: *capacity-building*.
 - This strand of work should look at the EU's global efforts on capacity-building in the area of gender in humanitarian aid.
 - In addition, also the EU's role in global advocacy and participation in global initiatives and their effect on DG ECHO actions, should be looked at. The evaluation should therefore also look at how the EU's engagement with and leadership of the Call to Action on Protection from Gender-Based Violence in Emergencies further impacted DG ECHO's approach to gender.
 - As part of this task the evaluator should also carry out a mapping of DG ECHO's other gender and humanitarian aid activities, including funded global capacity-building actions and advocacy;
 - This should include an analysis of the HOPE project database and projects funded on gender from the Enhanced Response Capacity Programme.
 - This should also include a description of DG ECHO's activities, such as the EU's leadership of the Call to Action on Protection from Gender-Based Violence in Emergencies.

Related to each of the three elements to be covered by the evaluation, a sample of documents, strategies and actions should be proposed in the Inception report, which will ensure that – together with other available data sources – evidence based conclusions can be provided in response to the evaluation questions. The sample should be discussed and agreed with the Commission.

The evaluation should take place at the global level: A portfolio analysis of funded targeted projects should be carried out, and relevant, existing DG ECHO evaluations and studies should be examined.

The main users of the evaluation report include inter alia DG ECHO staff at HQ, regional and country level, DG ECHO partners, national and regional stakeholders, implementing partners, and other humanitarian and development donors including EU Member States and agencies.

The evaluation should:

- cover the evaluation criteria of relevance, coherence, EU added value, effectiveness, efficiency and sustainability, as further detailed below in the Evaluation Questions. The Final Report must include **overall statements on the above issues**, based on the detailed responses to the Evaluation Questions listed below.
- provide a maximum of **five prospective, strategic recommendations** related to the EU's approach to gender and humanitarian aid. The strategic recommendations could possibly be broken down into further detailed, operational recommendations.

3.2. EVALUATION QUESTIONS

The conclusions of the evaluation will be presented in the report in the form of evidence-based, reasoned answers to the evaluation questions presented below.

The below list of questions should be further developed and tailored by the Evaluator to the specific features of this evaluation, and finally agreed with the Steering Group in the inception phase.

Relevance

1. What was the relevance of the (funded) actions, documents and strategies that DG ECHO undertook to the objectives of the DG ECHO Gender Policies? For instance, did the design and implementation of EU-funded humanitarian actions and strategies (including the design of the Humanitarian Implementation Plans and the Technical Annexes) take gender and age into consideration? To what extent is DG ECHO designing the right actions (including the Gender-Age marker) to implement its Gender Policy? Were any activities missing?

Coherence

2. How coherent are DG ECHO Gender Policy objectives with those of other relevant EU policies? How coherent are DG ECHO's gender interventions coherent with those of other relevant actors, such as the UN global cluster?

EU Added Value

3. What was the EU Added Value of DG ECHO's interventions in the field of humanitarian gender? Issues to consider are e.g. how DG ECHO has drawn on its specific role and mandate to create a specific added value, which could/would not be achieved by actions by individual EU Member States and other actors.

Effectiveness

4. What has been the effect of the introduction of the DG ECHO Gender Policy? To what extent were DG ECHO-funded actions, documents, and strategies, achieving the objectives stated by the EU's humanitarian Gender Policy? (Please note that this will entail looking at actions, documents, and strategies prior to the introduction of the policy).
5. What has been the impact of the introduction of the DG ECHO Gender-Age Marker in enhancing gender and age integration in humanitarian aid? (Please note that this will entail looking at actions prior to the introduction of the marker for comparison).
6. What are the concrete results achieved for all three elements (in the section "purpose and scope"). Issues to consider are e.g. what the concrete results for SGBV and SRH have been and to what extent the EU's humanitarian Gender

Policy has promoted a high quality of projects funded, as well as the results of DG ECHO's efforts in capacity-development, dissemination and coordination/advocacy.

Efficiency

7. To what extent were DG ECHO humanitarian actions related to integrating gender and age as well as addressing sexual- and gender-based violence and sexual and reproductive health efficient? Issues to consider are e.g. use of resources, management and monitoring processes.

Sustainability/Connectedness

8. To what extent did DG ECHO manage to achieve sustainable results in the activities under all three elements (in the section “purpose and scope”)? What could be further done (enabling factors, tools, mechanism, change of strategy, etc.) to promote sustainability and strengthen links, including in the framework across the humanitarian-development peace nexus?

3.3. OTHER TASKS UNDER THE ASSIGNMENT

The Contractor should:

1. As part of a literature review, examine **existing DG ECHO evaluations⁹ and studies** that touch the area of EU humanitarian gender (e.g. the Comprehensive evaluation of the EU's humanitarian aid; the Consensus; Education in Emergencies; etc.);
2. Provide a statement about the **validity of the evaluation results**, i.e. to what extent it has been possible to provide reliable statements on all essential aspects of the intervention examined. Issues to be referred to may include scoping of the evaluation exercise, availability of data, unexpected problems encountered in the evaluation process, proportionality between budget and objectives of the assignment, etc.;
3. Make a proposal for the **dissemination** of the evaluation results;
4. Provide a French **translation** (in addition to the English version) of the executive summary of the Final Report;
5. Provide an **abstract** of the evaluation of no more than 200 words.

4. MANAGEMENT AND SUPERVISION OF THE EVALUATION

The Evaluation function of DG ECHO is responsible for the management and the monitoring of the evaluation, together with the DG ECHO Unit responsible for the evaluation subject, i.e. C1.

The DG ECHO Evaluation manager is the contact person for the evaluator and shall assist the team during their mission in tasks such as providing documents and facilitating contacts. The Evaluation manager assigned to the evaluation should always be kept informed and consulted by the evaluator and copied on all correspondence with other DG ECHO staff.

⁹ Available at https://ec.europa.eu/echo/funding-evaluations/evaluations_en

A Steering Committee, made up of Commission staff involved in the activity evaluated, will provide general assistance to and feedback on the evaluation exercise, and discuss the conclusions and recommendations of the evaluation.

5. SPECIFIC REQUIREMENTS

5.1. METHODOLOGY

- In their offer, the bidders will describe in detail the methodological approach they propose in order to address the evaluation questions listed above, as well as the tasks requested.
- This will include a proposal for indicative **judgment criteria**¹⁰ that they may consider useful for addressing each evaluation question. The judgement criteria, as well as the information sources to be used in addressing these criteria, will be discussed and validated by the Commission during the Inception phase at a workshop facilitated by the evaluator. This workshop will also give the evaluation team the opportunity to refine the evaluation questions, discuss the intervention logic, and analyse external factors at play.
- To the extent possible the methodology should promote the participation in the evaluation exercise of all actors concerned. **In particular, for the evaluation of the DG ECHO-Gender Age Marker, the evaluator should survey DG ECHO staff and partners through an online platform or dedicated calls.**
- Concerning gender-age mainstreaming, the HOPE database contains contract entries of on-going projects, and some closed, for the evaluation period. Together with the assessment report on the DG ECHO Gender-Age Marker (2014-2015) and the forthcoming second assessment report (covering 2016-2017), the database should be used as a source for the needed activities on evaluating gender-age mainstreaming and the DG ECHO Gender-Age Marker.
- Concerning projects on sexual-and gender-based violence and sexual and reproductive health, the HOPE database contains contract entries of on-going projects, and some closed, for the evaluation period. This set must be further broken down and analysed and may include:
 - projects that are fully dedicated to GBV (under Protection or Health);
 - projects that are fully dedicated to SRH (under Health)
 - projects addressing also other sectors, but with a main focus on Protection and/or Health;
- The evaluator should make use of, as appropriate, existing project-level evaluations of DG ECHO's actions (e.g. available through the HOPE database).
- The evaluation must include field visits to **Nigeria and Palestine**. The specific focus of the two field studies, and their links to the evaluation questions and

¹⁰ A judgement criterion specifies an aspect of the evaluated intervention that will allow its merits or success to be assessed. E.g., if the question is "To what extent has DG ECHO assistance, both overall and by sector been appropriate and impacted positively the targeted population?", a general judgement criterion might be "Assistance goes to the people most in need of assistance". In developing judgment criteria, the tenderers may make use of existing methodological, technical or political guidance provided by actors in the field of Humanitarian Assistance such as HAP, the Sphere Project, GHD, etc.

activities, should be proposed in the tenderer's offer and agreed with the Commission in the Inception phase. Please note that the focus of the field studies (including the one referred to below) does not have to be identical.

- An evaluation of the **Rohingya crisis** will take place in parallel to this evaluation, and will include a specific case study/field visit on gender in Cox's Bazar. The results of this field visit should make part of the evidence base for the current Gender evaluation, which requires that **the two evaluation teams liaise** in the Inception phase and cooperate to ensure that the results of the said field visit are useful to both evaluations and can be handed over in a timely manner. The details of the arrangement to link the two evaluations must be approved by the Commission before being implemented. To be mentioned is that it is required that the evaluation team for the Rohingya evaluation includes gender expertise.
- The conclusions of the evaluation must be presented in a transparent way, with clear references to the sources on which they are based.

5.2. EVALUATION TEAM

In addition to the general requirements of the Framework Contract, the team should include experience of working on gender (/age) in humanitarian aid.

6. CONTENT OF THE OFFER

- A. The administrative part of the bidder's offer must include:
 - 1. The tender submission form (annex C to the model specific contract);
 - 2. A signed Experts' declaration of availability, absence of conflict of interest and not being in a situation of exclusion (annex D to the model specific contract –).
- B. The technical part of the bidder's offer should be presented in a maximum of **30 pages** (excluding CVs and annexes), and must include:
 - 1. A description of the understanding of the Terms of Reference, their scope and the tasks covered by the contract. This should include the bidder's understanding of the evaluation questions, and a first outline for an evaluation framework that provides judgement criteria and the information sources to be used for answering the questions. The final definition of judgement criteria and information sources will be agreed with the Commission during the inception phase;
 - 2. The methodology the bidder intends to apply for this evaluation for each of the phases involved, including a draft proposal for the number of case studies to be carried out during the field visit, the regions to be visited, and the reasons for such a choice. The methodology will be refined and validated by the Commission during the desk phase;
 - 3. A description of the distribution of tasks in the team, including an indicative quantification of the work for each expert in terms of person/days;
 - 4. A detailed proposed timetable for its implementation with the total number of days needed for each of the phases (Desk, Field and Synthesis).
- C. The CVs of each of the experts proposed.

- D. The financial part of the offer (annex E to the model specific contract) must include the proposed total budget in Euros, taking due account of the maximum amount for this evaluation. The price must be expressed as a lump sum for the whole of the services provided. The expert fees as provided in the Financial Offer for the Framework Contract must be respected.

7. AMOUNT OF THE CONTRACT

The maximum budget allocated to this study is EUR 250 000.

8. TIMETABLE

The indicative duration of the evaluation is **8 months**. The duration of the contract shall be no more than **9 months**).

The evaluation starts after the contract has been signed by both parties, and no expenses may be incurred before that. The main part of the existing relevant documents will be provided after the signature of the contract.

In their offer, the bidders shall provide a schedule based on the indicative table below (T = contract signature date):

Timing	Event
T+1 week	Kick-off
T+4 weeks	Draft Inception Report
T+5 weeks	Inception meeting
T+9 weeks	Draft Desk Report
T+10 weeks	Desk Report meeting
T+12 – 15 weeks	Field visit
T+17	Draft Field Report
T+18	Field Report Meeting
T+26 weeks	Draft Final Report
T+28 weeks	Draft Final Report meeting
T+32 weeks	Final Report

T+33 weeks	A presentation to DG ECHO of the evaluation results
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9. PROVISIONS OF THE FRAMEWORK TENDER SPECIFICATIONS

- 1) **Team composition:** The Team proposed by the Tenderer for assignments to be contracted under the Framework Contract must comply with Criterion B4 (see Section 5.2.4 of the Tender Specifications for the Framework Contract).
- 2) **Procedures and instructions:** The procedures and instructions to the Tenderer for Specific Contracts under the Framework Contract are provided under Section 6 of the Tender Specifications for the Framework Contract.
 - Sections 6 – 6.4 are fixed and must be fully taken into account for offers submitted in response to Requests for Services. E.g. the **Award Criteria** are presented under Section 6.2.2;
 - Section 6.5 is indicative and could be modified in a Request for Services or discussed and agreed during the Inception Phase under a Specific Contract.
- 3) **EU Bookshop Format:** The template provided in Annex M of the Tender Specifications for the Framework Contract must be followed for the Final Report. Any changes to this format, as introduced by the Publications Office of the European Union, will be communicated to the Framework Contractors by the Commission.

10. RAW DATA AND DATASETS

Any final datasets should be provided as structured data in a machine readable format (e.g. in the form of a spreadsheet and/or an RDF file) for Commission internal usage and for publishing on the Open Data Portal, in compliance with Commission Decision (2011/833/EU)¹¹.

The data delivered should include the appropriate metadata (e.g. description of the dataset, definition of the indicators, label and sources for the variables, notes) to facilitate reuse and publication.

The data delivered should be linked to data resources external to the scope of the evaluation, preferably data and semantic resources from the Commission's own data portal or from the Open Data Portal¹². The contractor should describe in the offer the approach they will adopt to facilitate data linking.

¹¹ If third parties' rights do not allow their publication as open data, the tenderers should describe in the offer the subpart that will be provided to the Commission free of rights for publication and the part that will remain for internal use.

¹² For a list of shared data interoperability assets see the ISA program joinup catalogue (<https://joinup.ec.europa.eu/catalogue/repository/eu-semantic-interoperability-catalogue>) and the Open Data Portal resources.

Annex B – Overall evaluation timetable

Dates	Activities	Comments
12/12/2019	Evaluation briefing with the evaluation team and the Steering Committee	Followed by preliminary individual / group meetings
31/01/2020	Submission of draft Inception report	
03/02 – 06/03	Desk review	
20/03	Approval of Inception report	Regular consultations about the effects of the COVID-19 pandemic and options
23/03	Submission of draft Desk report	
15/05	Approval by ECHO of revised approach (steps below, some anticipated)	
Note: the initially envisaged field visits by national experts to beneficiary sites and the in-country validation workshops by the international experts were cancelled owing to the risks linked to COVID-19.		
As from 01/05	Starting of remote interviews (by audio-visual tools) with DG ECHO staff, EU services, partners and stakeholders at HQ and international levels	
As from 01/05	Additional documentary review of projects implemented in Palestine and Nigeria	
16/06	Submission of revised Desk report	
23/06	Approval of the web surveys for DG ECHO staff, the partners, and C2A	
26/06	Launch of the 3 above surveys	
29/06	Approval of Desk report	
23/07	Approval and launch of the COHAFA survey	
31/07	End of the reply period for web surveys dedicated to ECHO staff and partners; beginning of analysis	
As from 03/08	Remote interviews with actors in Nigeria	Approval and facilitation of contacts by CO
As from 12/08	Remote interviews with actors in Palestine	Approval and facilitation of contacts by CO
11/09	End of the reply period for web surveys dedicated to COHAFA and C2A members; beginning of analysis	Extension at the request of DG ECHO, as reply rates were still low in August
1/10	Submission of Field /Progress report	

14/10	Discussion of field findings with Steering Committee	
13/11	Submission of the Draft Final Report	
Nov. – early Dec.	Discussion with Steering Committee on Draft Final Report and receipt of written comments	
Mid-Dec.-April 2021	Completion of Final Report	

Annex C – List of documents reviewed - Bibliography

Organisation / author	year	Title / web link	comments
DG ECHO	Gender Policy and Gender-Age Marker		
	2013 (July)	DG ECHO Gender policy - ' Gender in Humanitarian Aid: Different Needs, Adapted Assistance	
	2014	Gender-Age Marker (toolkit)	
	2018	first assessment report on the Gender-Age Marker (covering 2014-2015)	
	2020	Second assessment report on the Gender-Age Marker (covering 2016-2017)	
	Other DG ECHO Policies		
	2016	Protection policy ' Humanitarian Protection: Improving protection outcomes to reduce risks for people in humanitarian crises	
	2014	DG ECHO's Health Policy	
		DG ECHO's Health Technical Guidelines (notably chapters 3.3. on Maternal and Neonatal Deaths, 3.7 on HIV, and 3.13 on MHPSS)	
	2014	DG ECHO's WASH Policy https://ec.europa.eu/echo/files/policies/sectoral/WASH_policy_doc_en.pdf	
	2017	DG ECHO's Shelter Policy https://ec.europa.eu/echo/files/policies/sectoral/shelter_and_settlement_guidelines.pdf	
	2019	EU Cash compendium https://ec.europa.eu/echo/files/policies/sectoral/them_policy_doc_cashandvouchers_en.pdf	
	2019	DG ECHO's Policy on Disability Inclusion https://ec.europa.eu/echo/sites/echo-site/files/dg_op_guidance_inclusion_gb_liens_hr.pdf	
	Call to Action EU leadership 2017 - 2018		
		Call to Action website	
		Call to Action Road Map	
		Call to Action in the field (incl Nigeria/DRC)	
		Call to Action Progress Report 2017	
		Call to Action progress Report 2018; EU Progress Report 2018	
	EU Leadership 2017 – 2018 of the Call To Action		
		Call to Action EU factsheet	
		Call to Action EU leadership booklet	

	Call to Action EU workshops report	
World Wide Decision/HIPs and Technical Annexes (+overall Policy Annex for 2018)		
2014	Worldwide https://ec.europa.eu/echo/files/funding/decisions/2014/worldwide_01000_mod_en.pdf	
	Nigeria https://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/nigeria_en.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/nigeria_annex_en.pdf	
	Palestine https://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/palestine_en.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/palestine_annex_en.pdf	
	ERC https://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/ERC_en.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2014/HIPs/ERC_annex_en.pdf	
	Syria (Access denied on ECHO's web site)	
	Horn of Africa (Access denied on ECHO's website)	
2015	Worldwide https://ec.europa.eu/echo/files/funding/decisions/2015/worldwide_01000_mod_en.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2015/worldwide_01000_mod_annexes_en.pdf	
	Nigeria https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/Boko_Haram_en.pdf	
	Palestine https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/palestine_en.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/palestine_annex_en.pdf	
	ERC https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/ERC_en.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/ERC_annex_en.pdf	
	Syria https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/hip_syria_2015_version_4.pdf https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/hipta_syria_2015_version_4.pdf	
	Horn of Africa https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/hoa_en.pdf https://ec.europa.eu/echo/files/funding/decisions/2015/HIPs/hoa_annex_en.pdf	
2016	Worldwide https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/EN_decision.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/EN_annexes.pdf	
	Nigeria https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/WF_HIP_EN_version2.pdf	in regional West Africa
	Palestine https://ec.europa.eu/echo/sites/echo-site/files/pse_hip_en.pdf ; https://ec.europa.eu/echo/sites/echo-site/files/pse_technical_annex_en.pdf	
	ERC https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/ERCFv2.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/ERCF_TAv2.pdf	
	Syria https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HIP%20Syria%202016%20version%203%20FINAL.pdf	

	https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HIPTA%20Syria%202016%20version%203%20FINAL.pdf	
	Horn of Africa https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HOA5.pdf https://ec.europa.eu/echo/files/funding/decisions/2016/HIPs/HOATA5.pdf	
2017	Worldwide https://ec.europa.eu/echo/files/funding/decisions/2017/HIPs/EN_WWD2017_decision_3.pdf ; https://ec.europa.eu/echo/files/funding/decisions/2017/HIPs/EN_WWD2017_annexes_3.pdf	
	Nigeria	None in 2017
	Palestine	None in 2017
	ERC https://ec.europa.eu/echo/files/funding/decisions/2017/HIPs/ERC_HIP_2017.pdf ; https://ec.europa.eu/echo/sites/echo-site/files/erc_hipta_2017_version_2.pdf	
	Syria https://ec.europa.eu/echo/sites/echo-site/files/2017_05_11_hip_crise_syrie_version_2.pdf https://ec.europa.eu/echo/sites/echo-site/files/2017_05_11_hipta_crise_syrie_version_2.pdf	
	Horn of Africa https://ec.europa.eu/echo/sites/echo-site/files/hip_hoa_v3.pdf https://ec.europa.eu/echo/sites/echo-site/files/hipta_hoa_v3.pdf	
2018	Worldwide https://ec.europa.eu/echo/sites/echo-site/files/c_2018_8652_f1_commission_implementing_decision_en_v5_p1_1003391.pdf ; https://ec.europa.eu/echo/sites/echo-site/files/c_2018_8652_f1_annex_en_v1_p1_1003392.pdf	
	Nigeria https://ec.europa.eu/echo/sites/echo-site/files/echo_wf_bud_2018_91000_v9.pdf ;	in regional West Africa
	Palestine https://ec.europa.eu/echo/sites/echo-site/files/echo_pse_bud_2018_91000_v2.pdf ; https://ec.europa.eu/echo/sites/echo-site/files/echo_pse_bud_2018_91000_ta_v2.pdf	
	ERC https://ec.europa.eu/echo/sites/echo-site/files/echo_erc_bud_2018_91000_v1.pdf ; https://ec.europa.eu/echo/sites/echo-site/files/echo_erc_bud_2018_91000_ta_v1.pdf	
	Syria https://ec.europa.eu/echo/sites/echo-site/files/echo_syr_bud_2018_91000_v2.pdf https://ec.europa.eu/echo/sites/echo-site/files/echo_syr_bud_2018_91000_ta_v2.pdf	
	Horn of Africa https://ec.europa.eu/echo/sites/echo-site/files/echo_hf_bud_2018_91000_v4.pdf https://ec.europa.eu/echo/sites/echo-site/files/echo_hf_bud_2018_91000_ta_v4.pdf	
DG ECHO Evaluations		
2007	Evaluation of Gender	Wrong link in ECHO website

	2014	Mid-term evaluation of Enhanced Response Capacity Funding https://ec.europa.eu/echo/files/evaluation/2014/ERC_Final_Report_10October2014.pdf	
	2014	European Consensus on humanitarian aid https://ec.europa.eu/echo/files/evaluation/2014/european_consensus_main_en.pdf	
	2016	Evaluation of DG ECHO's Actions in the Field of Protection and Education of Children in Emergency and Crisis Situations (2008-2015) https://ec.europa.eu/echo/sites/echo-site/files/kr0416823enn_002.pdf	
	2019	Evaluation of the European Union's Humanitarian Response to the refugee crisis in Turkey https://ec.europa.eu/echo/sites/echo-site/files/evaluation_final_report_echo_-_turkey_17.12.19.pdf	
European Union	2007	European Consensus on Humanitarian Aid https://ec.europa.eu/echo/files/media/publications/consensus_en.pdf	
		EU Gender Action Plan II, 2016–2020 https://ec.europa.eu/europeaid/eu-gender-action-plan-ii-gender-equality-and-womens-empowerment-transforming-lives-girls-and-women_en	
	2017	Report 2016	
	2018	Report 2017	
	2019	Report 2018	
	2015	Evaluation of EU Support to Gender Equality and Women's Empowerment in Partner Countries Executive Summary https://ec.europa.eu/europeaid/sites/devco/files/evaluation-cooperation-ec-gender-1338-summary_en.pdf	
IASC	2018	IASC Gender handbook for Humanitarian Action https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf	
	2018	IASC Gender with Age Marker (GAM) https://reliefweb.int/sites/reliefweb.int/files/resources/IASC_GAM_2018_GE_M_summary.pdf	
		IASC Policy on GE and the empowerment of women and girls in humanitarian action: https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/iasc-policy-and-accountability-framework-gender	
		IASC Gender Policy Accountability Framework	
		IASC Policy on Protection in Humanitarian Action: https://interagencystandingcommittee.org/protection-priority-global-protection-cluster/documents/iasc-policy-protection-humanitarian-action	
		Summary of IASC Good Practices on Preventing Sexual Exploitation and Abuse and Sexual Harassment and Abuse (PSEA) of Aid Workers, 2019 in the link: https://interagencystandingcommittee.org/inter-agency-standing-committee/summary-iasc-good-practices-preventing-sexual-exploitation-and	
	2014	IASC Gender Marker Assessment Findings and Recommendations June 2014, by IASC, UNDP and Irish Aid: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/IASC%20Gender%20Marker%20Assessment%20Report.pdf	

CARE	?	CARE Rapid Gender Analysis https://insights.careinternational.org.uk/images/documents/rapid-gender-analysis/Rapid-Gender-Analysis-External-Comms.pdf	Tool for gender analysis in HA settings
OECD DAC	2016	Gender Equality Policy Marker https://www.oecd.org/dac/gender-development/dac-gender-equality-marker.htm	
		Handbook https://www.oecd.org/dac/gender-development/Minimum-recommended-criteria-for-DAC-gender-marker.pdf ; https://www.oecd.org/dac/gender-development/Handbook-OECD-DAC-Gender-Equality-Policy-Marker.pdf	

Annex D – List of organisations and other stakeholders consulted

A total of some 160 key informants' interviews (KIIs) have been conducted with stakeholders from a variety of organisations. These organisations are listed below.

A. DG ECHO
Network of Gender / Protection (ProGen) experts
Operational Units (institutional memories)
Concerned Country Offices
B. Other EU Services
DG DEVCO
DG NEAR
EEAS
C. Call To Action on Protection from GBV in Emergencies (C2A)
Canada (Lead of C2A)
UNICEF
UN Women
International Rescue Committee IRC
CARE International
Women's Refugee Commission
D. Other actors
VOICE (in workshop: Diakonie Sweden, Danish Refugee Council, Save the children, PLAN Spain)
KIT NL - Royal Tropical Institute
INSPIRE
GBV AoR (Area of Responsibility / UNFPA)
UNFPA
UNHCR
GenCap
ICRC
E. Nigeria
Danish Refugee Council
PLAN
CARE

UNFPA
CARE
ACTED
UNICEF
Solidarités International
Federal Ministry for Women Affairs
Groups of final beneficiaries in IDP camps of Gwoza, Bama, Ngala, 2 other camps
F. Palestine
AISHA
EU REP Office
Gaza Protection Consortium
Good Humanitarian Donor Group
IT COOP - Italian Cooperation
MA'AN Development Centre
Ministry of Social Development
Ministry of Women's Affairs
OXFAM
UAWC - Union of Agricultural Work Committees
UNICEF
UNOCHA
West Bank Protection Consortium
WFP Palestine
WHO
G. Bangladesh, Myanmar
UNHCR
Relief International
Danish Refugee Council
BBC Media Action
WFP
Save the Children
UNFPA
World Vision International

Norwegian Church Aid

IRC International Rescue Committee

ICRC International Committee of the Red Cross and Red Crescent
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Annex E – List of 50 projects selected for gender mainstreaming assessment

Year	Partner	Title	Amount (M€)	Country	Sectors
2014	IMC-UK	Integrated Emergency Primary Health Care and Nutrition Assistance for Conflict-affected Populations in Sudan	1.52	Sudan	Health, Nutrition, DRR
2014	WFP-IT	Emergency Operation in Response to Conflict in South Sudan	9.00	South Sudan Republic	Food security & livelihoods, Nutrition
2014	UNHCR-CH	Assistance and protection to refugees in Iran and Pakistan and refugees, refugee returnees/IDPs and IDPs in Afghanistan	7.75	Afghanistan	Health, Shelter and settlements, Protection
2014	ACF-FR	Appui à la prévention, au dépistage et à la prise en charge de la malnutrition aiguë au Burkina Faso	1.17	Burkina Faso	Health, Nutrition
2014	CROIX-ROUGE-BE	Prévention et préparation à la réponse d'une épidémie Ebola au sein des communautés au Burkina	0.62	Burkina Faso	WASH, Health
2014	WFP-IT	WFP Assistance in Myanmar 2014	3.70	Myanmar	Food security & livelihoods
2014	STC-ES	Strengthening the local capacity of Metropolitan Area of San Miguel exposed to a potential eruption of the Chaparrastique Volcano and flooding of El Rio Grande.	0.34	El Salvador	DRR
2014	IOM-CH	Strengthening the capacity of response to outbreaks of cholera in the Artibonite and North-West departments	0.80	Haiti	Health
2014	CARITAS-LU	Humanitarian assistance to Syrian IDPs and refugees affected by the Syria regional crisis	1.65	Syrian Arab Republic	Food security & livelihoods, Shelter and settlements
2014	SI-FR	Contribution à l'amélioration de la sécurité alimentaire des populations vulnérables dans la région du Batha, Tchad.	0.40	Chad	Food security & livelihoods
2015	UNICEF-US	Nutrition interventions for emergency affected children and women in Pakistan	4.00	Pakistan	Health, Nutrition
2015	ACTED-FR	Assistance intégrée d'urgence et d'appui au retour dans leur quartier d'origine pour les personnes déplacées à Bangui suite aux événements de décembre 2013 et septembre 2015.	1.23	Central African Republic	Food security & livelihoods, Shelter and settlements
2015	WFP-IT	Enhancing the food security of the most vulnerable people in the dry corridor affected by the prolonged dry spell	0.75	Guatemala	Food security & livelihoods

Year	Partner	Title	Amount (M€)	Country	Sectors
2015	OXFAM-UK	Strengthening Resilience of the population living in the Arid Lands of Kenya through Emergency Preparedness and Early Response	2.00	Kenya	DRR
2015	WFP-IT	Food Assistance for IDPs and host communities in Somalia	1.00	Somalia	Food security & livelihoods
2015	STC-NO	Rebuilding Lives through Transformed Community Resilience	0.70	Malawi	Food security & livelihoods, Shelter and settlements, DRR
2015	MDM-FR	Amélioration de l'accès aux services de santé et de la prise en charge médico-nutritionnelle de la mère et de l'enfant de 6 à 59 mois.	0.50	Niger	Nutrition
2015	MEDAIR-CH	Provision and support of essential primary healthcare services for conflict affected populations in Iraq.	0.80	Iraq	Health
2015	CICR-CH	ICRC Economic Security, Water and Health activities in Iraq.	10.00	Iraq	Food security & livelihoods, WASH, Health
2015	FEDERATION HANDICAP-FR	Emergency intervention for persons with injury or disability and their families affected by the Syrian crisis- Phase 5	1.70	Jordan	Health, Protection
2016	CARE-NL	Maintain and expand lifesaving WASH assistance and increase self-sufficiency for 353,355 IDPs, South Sudanese refugees and conflict-affected people in East Darfur and South Darfur states.	1.60	Sudan	WASH
2016	CROIX-ROUGE-FR	Contribution à l'amélioration de l'accès aux soins de qualité chez les populations affectées par les conflits dans les régions de l'Est et de l'Extrême-Nord du Cameroun.	2.20	Cameroon	Health
2016	NCA-NO	Integrated Emergency WASH and Shelter support to EQ affected communities in District Shangla, KP.	1.75	Pakistan	WASH, Shelter and settlements
2016	SOLIDAR-CH	Strengthening the multi-hazard early warning system of the Chinchontepec volcano area by developing natural disaster preparedness and response capacities of vulnerable local population in urban areas and institutions of the departments of San Vicente and La Paz.	0.40	El Salvador	DRR
2016	OXFAM-UK	Supporting community resilience in the South Caucasus	0.50	Armenia	DRR
2016	ACTED-FR	Participatory transboundary disaster resilience in the Khoja-Bakirgan watershed	0.30	Kyrgyzstan	DRR
2016	MDM-FR	Humanitarian response for migrant populations transiting through the Republic of Serbia	0.85	Serbie	Health

Year	Partner	Title	Amount (M€)	Country	Sectors
2016	IMC-UK	Improving access to basic services for conflict affected populations in Libya.	1.17	Libya	Health
2016	SI-FR	Tailored integrated assistance to the most socio-economic vulnerable populations affected by the Syrian crisis in Lebanon	4.00	Lebanon	WASH, Shelter and settlements, Protection
2016	DRC-DK	Proactive Actions to Prevent Sexual and Gender Based Violence in South East Turkey	1.00	Turkey	Protection
2017	UNHCR-CH	Provide cash-based assistance for severely vulnerable Syrian refugees in Lebanon	8.00	Lebanon	WASH, Shelter and settlements
2017	NRC-NO	Amélioration de la qualité de vie et de la protection des populations affectées par la crise dans la Nana Gribizi en République Centrafricaine à travers une réponse Protection et d'urgence en Eau, Hygiène et Assainissement et Articles Ménagers Essentiels	1.30	Central African Republic	WASH, Shelter and settlements, Protection
2017	STC-UK	Provision of lifesaving Basic Package of Health and Nutrition Services in two Primary Health Care Centres (PHCC) in Abyei Administrative Area (AAA)	1.00	South Sudan Republic	Health, Nutrition
2017	FICR-CH	Red Cross Action in Support of Communities Affected By Hurricane Irma	0.80	Antigua And Barbuda	Shelter and settlements, DRR, Multi-purpose cash transfer
2017	IRC-UK	GBV prevention and Response, Child Protection Programming for Refugees in Ethiopia.	1.00	Ethiopia	Protection
2017	WFP-IT	Ensuring food assistance to vulnerable Malian refugees	0.50	Burkina Faso	Food security & livelihoods
2017	CHRISTIAN AID-UK	Emergency Humanitarian Assistance to populations affected by armed conflict in Borno State	1.50	Nigeria	Food security & livelihoods, WASH
2017	CROIX-ROUGE-FR	Projet d'appui à la prise en charge intégrée de la malnutrition aiguë chez les enfants de moins de 5 ans dans le district sanitaire de Zinder Ville	0.70	Niger	Nutrition
2017	STC-UK	Strengthening urban resilience through enhanced preparedness and evidence-based advocacy for improved multi-level co-ordination mechanisms in Bangladesh.	0.75	Bangladesh	DRR
2017	IOM-CH	Disaster Risk Reduction and Resilience Building in Metro Manila's Most Vulnerable Cities	0.50	Philippines	DRR
2018	ZOA-NL	Mitigating the effects of the cumulative drought conditions through protection of lives and livelihoods in North Darfur II	1.00	Sudan	Food security & livelihoods
2018	WFP-IT	Life-saving food support to refugees, internally displaced persons and vulnerable local communities in Cameroon.	2.50	Cameroon	Food security & livelihoods, DRR

Year	Partner	Title	Amount (M€)	Country	Sectors
2018	CICR-CH	ICRC Economic Security, Water and Habitat and Protection of the civilian population activities in Colombia	1.00	Colombia	Food security & livelihoods, WASH, Protection
2018	WHO	Provision of emergency primary healthcare services and trauma care for the populations affected by conflicts, natural catastrophes and limited accessibility to healthcare services	0.80	Afghanistan	Health
2018	CROIX-ROUGE-FR	Enhanced logistic response capacities for efficient disaster management in the Caribbean	0.50	Antigua And Barbuda	DRR
2018	UNICEF-US	Multi-sectoral Emergency Response to the Internal Displacement Crisis in Ethiopia	9.30	Ethiopia	Nutrition, Protection, Education in emergencies
2018	UNHCR-CH	Strengthening Community Based Protection Monitoring, Social Cohesion and Resilience of refugees, IDPs and host population in the regions of Diffa and Tillabery, Niger	0.75	Niger	Protection
2018	ACF-FR	Assistance médico-nutritionnelle d'urgence pour les populations victimes du conflit dans la Province du Kasai	1.10	Congo, Democratic Republic Of	Health
2018	PLAN INTERNATIONAL-SPAIN	Free from Fear: Promoting a Protective Environment in Village 5, Azraq Camp	0.50	Jordan	Protection
2018	UNHCR-CH	Protection and shelter for displaced and conflict-affected communities in eastern Ukraine.	2.30	Ukraine	Shelter and settlements, Protection

Annex F – Gender considerations in DG ECHO policies

To complement the brief summary on gender considerations in DG ECHO policies (published after the gender policy) which has been outlined under JC1.2, some further details are provided below.

The **Protection** policy, which views protection as a single sector, encompasses all aspects of protection, including child protection and GBV. The rationale is that a comprehensive analysis is needed in order to determine the most appropriate response “package” in a given context. In reducing protection vulnerabilities, the policy aims in particular at discrimination based on physical or social characteristics such as sex, disability, age, ethnicity, religion, or sexual orientation. As for the Gender policy, DG ECHO’s approach to Protection includes both mainstreaming and targeted actions (integrated protection through several sectors, and stand alone with protection only), supported by capacity building.

The **Shelter & Settlements** policy outlines that natural disasters and man-made crises are not gender-neutral, and women, girls, boys and men have different needs, roles and responsibilities related to shelter assistance. This must therefore be tailored to the differentiated needs of women, girls, boys and men, and persons with disabilities. Adequate living spaces and access to basic services and socioeconomic opportunities must be ensured for gender and age categories affected by humanitarian crises, according to their differentiated vulnerabilities and specific needs. The policy further specifies that both men and women should be consulted and should participate in design and implementation. Whenever relevant, GBV mitigation measures should be incorporated. Furthermore, S&S assistance is multi-dimensional, addressing not only sector-specific needs but also those linked to other basic services and infrastructures, including WASH, protection, health, education, access and transport, food utilisation, infant and young child feeding, livelihoods and markets, governance and social dynamics, and environment and ecosystems.

DG ECHO has chosen to treat separately gender and age from disability, although the **Disability Inclusion** policy makes frequent cross-reference to Gender and Age and outlines that persons with disabilities are particularly at risk of GBV, violence, abuse and exploitation. According to the policy, DG ECHO partners should be sensitive to barriers, attitudes, but also “enablers” such as awareness-raising, universal design of buildings, facilities, services and consultations, or “reasonable accommodation” as well as mobile or outreach services to facilitate access to services, delivery of assistance and feedback and complaint mechanisms.

Although published shortly after the Gender policy, the **Disaster Risk Reduction (DRR)** policy explicitly mentioned gender sensitivity together with age and disabilities. Evidence from past disasters has pointed to a disproportionate impact on women and girls among which the death toll was much higher for reasons ranging from higher levels of unpreparedness to not being allowed to make decisions at household or community levels. The policy is particularly ‘holistic’ in its analysis. The 3rd guiding principle of the policy (“DG ECHO promotes a people-centred approach to DRR”) outlines that the people most at risk are central to DRR activities and special attention must be given to promoting gender equity and the full participation of vulnerable groups including boys and girls, older people, people with disabilities, and other marginalised groups. Community resilience and community preparedness cannot be achieved successfully if the gender roles and dynamics are not taken into account. Gender issues are to be considered when conducting a risk analysis. Age is a major factor influencing vulnerability to disasters. The role of children is highlighted as agents of change. Men, women and children with disabilities are often invisible in DRR processes; their active participation in analysis and decision-making at community level can help ensure that activities are more inclusive of their needs.

The **Education in Emergencies (EiE)** policy outlines that education is a basic need of children caught up in emergencies, and not only a fundamental right. The first reason (out of 4) for this statement evokes clearly protection in general and GBV in particular: “education

provides immediate physical, psychosocial and cognitive protection during crises. Out-of-school children are more vulnerable and exposed to protection risks, e.g. to GBV, early marriage, early pregnancy, child labour and forced recruitment". Among specialized services by protection actors, the policy mentions interventions to prevent and respond to "school-related gender-based violence" (SRGBV). As the selected approach must be based on contextualised risk analysis, the policy does not intend to provide a binding, predetermined set of EIE responses or types of activities that may or may not be supported, as this would appear overly prescriptive.

In the **Health** policy, general principles state that gender discrimination in health is a violation of human rights. Targeted gender actions, such as the provision of reproductive health services (e.g. basic and comprehensive emergency obstetric care) are discouraged, unless they are integrated into existing services. Under the heading "multi-sectoral and integrated approaches", the policy notes that "DG ECHO's guidelines on protection should always be taken into account in health interventions. In the health sector this would include any kind of medical and psycho-social assistance to victims of violence. For the same reason any discrimination in access to health care should be opposed and sensitisation/training interventions based on equal access to health services should be encouraged and implemented. In particular, health interventions should assess the need to offer care to survivors of SGBV, given the core role of medical care in a comprehensive response to SGBV as set out in DG ECHO's Gender Policy."

The **Nutrition** policy points out that women and girls are more likely to reduce food intake during crisis. Children and pregnant and lactating women and girls are therefore more vulnerable (stunting and anaemia are risk factors during childbirth; acute malnutrition during pregnancy causes intra-uterine growth restriction), together with the elderly and chronically ill as well as persons with disabilities.

The **Water, Sanitation and Hygiene (WASH)** policy outlines that gender participation is an element of equitable targeting, planning, decision-making and local management of appropriate emergency WASH services. The specific strengths and vulnerabilities of women and children in the delivery and use of these services require special consideration. For example, the use of communal WASH facilities in refugee or displaced camps can increase women's and girl's vulnerability to sexual and other forms of gender-based violence. The policy includes detailed technical guidelines and some indicators for hygiene in acute, post-acute, protracted and chronic crises, which focus on specific needs for women and girls, vulnerable groups including sick people, HIV/AIDS patients, the elderly, handicapped, and children.

The **Cash and Vouchers** policy proposes a rather extensive checklist of criteria for C&V projects at two levels (risk analysis and beneficiary selection), some of which are directly relevant to gender issues, for instance: needs and risk analysis of women, girls, boys and men; access (physical, social, cultural) of vulnerable groups to the proposed markets and services; properly identified targeting criteria (most vulnerable, highest humanitarian needs); and meaningful consultation with beneficiaries on project modalities, with due consideration of the particular needs of vulnerable groups such as women, children, elders, persons with disabilities, minorities, the poorest. At the assessment stage, the policy recommends to evaluate whether some categories of beneficiaries have a particular nutritional requirement (for instance the very young, pregnant and lactating women, the sick - especially those with HIV/AIDS, the elderly or undernourished), as the local market may not be able to supply these specific types of food. For project implementation, attention should be given to the fact that the choice of a specific delivery mechanism could exclude certain groups among the most vulnerable, for example: children who head households may not have the right to have a bank account, women may have less access to mobile phones, and marginalised groups may not have access to documentation necessary for phone ownership or establishing accounts. During implementation, some intra-household roles and relations must also be considered, such as for example women who may have more control over food than over money. Therefore, the decision about who to distribute cash or vouchers to within the household should take into account the household dynamics, in

particular the different roles each gender plays. Furthermore, the C&V policy also outlines (as does the Gender policy) the potential risk of cultural backlash in empowering women through a cash distribution if mitigation measures are not properly considered. Evaluations of DG ECHO-funded projects are encouraged to explore implications of C&V resource transfers at the intra-household level for all gender and age categories.

In addition to the 'formal' policies, DG ECHO has also been considering gender implications in the matters of Forced Displacement & Migration (FD&M) and Social Protection Across the Nexus (SPaN). These two issues were not to be found among the list of policies on ECHO's website.

FD&M was mentioned in a communication from 2016 attached to the 'News and Stories' section; the communication provided only a general reference to gender ("specific protection needs of the forcibly displaced must be addressed, based on their gender, age and disability as well as their politics, ethnicity, language, caste origin, religion and/or sexual orientation...").

A draft 'guidance package' on SPaN was first published in February 2019 on the 'Capacity4Dev' website, as the result of an inter-service initiative by DGs DEVCO, ECHO and NEAR. The initiative argued that social protection holds 'significant potential to transform short-term humanitarian interventions into development processes to achieve resilience, peace, stabilization and economic growth in countries in crises'. As a 'living tool', the further development of the guidance package has been handed over to UNICEF. Among a range of 'Social care services', the guidance package mentions support to SGBV for both humanitarian and social protection (development) instruments, under the overall SDG 5 objective of gender equality.

Annex G – Summary results of the surveys

The tables below reproduce the key replies to each of the four surveys; this annex does include all the tables, nor the free text comments.

Survey 1: DG ECHO staff
Relevance (4 items)

Statements / Level of agreement	Fully agree	Agree	Fully agree & Agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
1 - The HIPs and their Annexes include an analysis of the needs and capacities of different gender and age groups for specific crisis	9	53		22	19	1		5	109
	8,3%	48,6%	56,9%	20,2%	17,4%	0,9%	18,3%	4,6%	
2 - The HIPs and their annexes appropriately outline DG ECHO's Gender Policy objective of 'gender integration' (the importance of gender-age mainstreaming, gender-sensitive needs assessment etc.)	15	59		20	9	1		5	109
	13,8%	54,1%	67,9%	18,3%	8,3%	0,9%	9,2%	4,6%	
3 - The HIPs and their annexes appropriately outline DG ECHO's Gender Policy objective of 'participation' of women and men of all ages in the design, implementation and evaluation of humanitarian assistance	13	51		26	11	2		6	109
	11,9%	46,8%	58,7%	23,9%	10,1%	1,8%	11,9%	5,5%	
4 - The HIPs and their annexes appropriately outline DG ECHO's Gender Policy objective of 'protection', i.e. safeguarding beneficiaries from risks related to the context or even arising from the relief operation itself	20	65		16	3	0		5	109

Effectiveness (6 items)

Statements / Level of agreement	Fully agree	Agree	Fully agree & Agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
1 - The introduction of the Gender and Age Marker has translated into better and more consistent gender and age mainstreaming	2	48		28	20	3		8	109
	1,8%	44,0%	45,9%	25,7%	18,3%	2,8%	21,1%	7,3%	
2 - DG ECHO-funded Humanitarian Assistance is provided to all gender and age groups on the basis of their different needs	14	66		12	14	1		2	109
	12,8%	60,6%	73,4%	11,0%	12,8%	0,9%	13,8%	1,8%	
3 - Following the introduction of the Gender Policy, the numbers of proposals received by partners tackling the needs of specific gender and age groups (e.g. SRH, GBV) have increased	5	33		29	13	3		26	109
	4,6%	30,3%	34,9%	26,6%	11,9%	2,8%	14,7%	23,9%	
4 - For those with 'institutional memories' before 2014: the Gender Policy and Gender-Age Marker have significantly improved gender- and age-sensitive programming, compared to the situation before the Policy	8	24		25	5	2		45	109
	7,3%	22,0%	29,4%	22,9%	4,6%	1,8%	6,4%	41,3%	
5 - DG ECHO's global advocacy efforts to strengthen gender sensitivity in humanitarian aid have been effective	8	36		40	8	0		17	109
	7,3%	33,0%	40,3%	36,7%	7,3%	0,0%	7,3%	15,6%	
6 - Overall, the implementation of the Gender Policy and Marker has	3	42		43	11	4		6	109

been effective in ensuring gender and age integration in all DG ECHO-funded projects									
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Efficiency (11 items)

Statements / Level of agreement	Fully agree	Agree	Fully agree & Agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
1 - Gender-related issues are system-atically discussed between DG ECHO and partners during negotiations of proposals	9	37		25	28	0		10	109
	8,3%	33,9%	42,2%	22,9%	25,7%	0,0%	25,7%	9,2%	
2 - The proposal negotiation phase (prior contracting) between DG ECHO and partners does efficiently include gender and age mainstreaming-related issues	10	34		35	21	0		9	109
	9,2%	31,2%	40,4%	32,1%	19,3%	0,0%	19,3%	8,3%	
3 - There is systematic dialogue on the Gender-Age Marker between DG ECHO and the partners at the proposal stage (RQ)	6	28		26	31	3		15	109
	5,5%	25,7%	31,2%	23,9%	28,4%	2,8%	31,2%	13,8%	
4 - There is systematic dialogue on the Gender-Age Marker between DG ECHO and partners when monitoring DG ECHO-funded Humanitarian Actions	10	43		22	18	2		14	109
	9,2%	39,4%	48,6%	20,2%	16,5%	1,8%	18,3%	12,8%	
5 - There is systematic dialogue on the Gender-Age Marker between	5	25		32	30	5		12	109

Statements / Level of agreement	Fully agree	Agree	Fully agree & Agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
DG ECHO and partners at the final report stage (FR)	4,6%	22,9%	27,5%	29,4%	27,5%	4,6%	32,1%	11,0%	
6 - There is a common agreement on the interpretation of the four criteria of the Marker between DG ECHO HQ and field (i.e. you frequently agree whether the criteria have been met: yes/not sufficiently)	11	24		39	20	1		14	109
	10,1%	22,0%	32,1%	35,8%	18,3%	0,9%	19,3%	12,8%	
7 - There is a common agreement on the interpretation of the four criteria of the Marker between DG ECHO (HQ and field) and partners (i.e. you frequently agree whether criteria have been met: yes/not sufficiently)	5	18		35	34	1		16	109
	4,6%	16,5%	21,1%	32,1%	31,2%	0,9%	32,1%	14,7%	
8 - Overall, the dialogue between DG ECHO and partners on the Gender-Age Marker is contributing to improved gender-sensitive programming	7	52		22	15	0		13	109
	6,4%	47,7%	54,1%	20,2%	13,8%	0,0%	13,8%	11,9%	
9 - The various training events on the Gender Policy and the Gender-Age Marker provided by DG ECHO for its own staff is appropriate and sufficient to effectively implement the Policy	3	29		23	24	8		22	109
	2,8%	26,6%	29,4%	21,1%	22,0%	7,3%	29,4%	20,2%	
	3	21		24	15	1		45	109

Statements / Level of agreement	Fully agree	Agree	Fully agree & Agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
10 - The e-learning on the Gender-Age Marker is appropriate and sufficient	2,8%	19,3%	22,0%	22,0%	13,8%	0,9%	14,7%	41,3%	
11 - The monitoring of the 4 criteria of the Gender and Age Marker is systematically and efficiently carried out	4	23		31	31	3		17	109

Survey 2: DG ECHO partners

Relevance (4 items)

Statements / Level of agreement	Fully agree	Agree	Fully agree & agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
1 - Overall, DG ECHO effectively uses strategic documents (e.g. HIPs and their Annexes) to operationalize the Gender Policy?	5	46		21	7	2		1	82
	6,1%	56,1%	62,2%	25,6%	8,5%	2,4%	11,0%	1,2%	
2 - More specifically, the HIPs and their annexes appropriately outline the DG ECHO Gender Policy objective of 'gender integration' (importance of gender-age mainstreaming, gender-sensitive needs assessment etc.).	9	51		13	7	2		0	82
	11,0%	62,2%	73,2%	15,9%	8,5%	2,4%	11,0%	0,0%	
3 - The HIPs and their annexes appropriately outline the DG ECHO Gender Policy objective of 'participation' of women and men of all ages in the design, implementation and evaluation of humanitarian assistance.	7	45		17	9	2		2	82
	8,5%	54,9%	63,4%	20,7%	11,0%	2,4%	13,4%	2,4%	
4 - The HIPs and their annexes appropriately outline the DG ECHO Gender Policy objective of 'protection' i.e. safeguarding beneficiaries from risks related	17	47		10	5	2		1	82

to the context or even arising from the relief operation itself.									
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Effectiveness (4 items)

Statements / Level of agreement	Fully agree	Agree	Fully agree & agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
1 - The introduction of the Gender Policy has had a positive impact on the systematic integration of gender and age considerations into humanitarian assistance.	12	42		18	3	1		6	82
	14,6%	51,2%	65,9%	22,0%	3,7%	1,2%	4,9%	7,3%	
2 - Following the introduction of the Gender Policy, the numbers of proposals submitted to DG ECHO tackling the needs of specific gender and age groups through targeted actions (e.g. SRH, GBV) have increased.	8	20		19	4	0		31	82
	9,8%	24,4%	34,1%	23,2%	4,9%	0,0%	4,9%	37,8%	
3 - For those with 'institutional memories' before 2014: the Gender Policy and Gender-Age Marker have significantly improved gender- and age-sensitive programming, compared to the situation before the Policy.	8	21		15	3	1		34	82
	9,8%	25,6%	35,4%	18,3%	3,7%	1,2%	4,9%	41,5%	

4 - DG ECHO's global advocacy efforts to strengthen gender sensitivity in humanitarian aid have been effective.	3	36		26	5	1		11	82
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Efficiency (11 items)

Statements / Level of agreement	Fully agree	Agree	Fully agree & agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
1 - Overall, the introduction of the Gender and Age Marker has translated into better and more consistent gender and age mainstreaming.	9	46		14	4	0		9	82
	11,0%	56,1%	67,1%	17,1%	4,9%	0,0%	4,9%	11,0%	
2 - The proposal negotiation phase (prior contracting) between DG ECHO and partners does efficiently include gender and age mainstreaming-related issues.	2	25		27	12	2		14	82
	2,4%	30,5%	32,9%	32,9%	14,6%	2,4%	17,0%	17,1%	
3 - There is systematic dialogue on the Gender-Age Marker between DG ECHO and partners at the programming stage .	3	22		25	15	2		15	82
	3,7%	26,8%	30,5%	30,5%	18,3%	2,4%	20,7%	18,3%	
4 - There is systematic dialogue on the Gender-Age Marker between DG ECHO and partners at the monitoring stage .	2	21		28	12	4		15	82
	2,4%	25,6%	28,0%	34,1%	14,6%	4,9%	19,5%	18,3%	

Statements / Level of agreement	Fully agree	Agree	Fully agree & agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
5 - There is systematic dialogue on the Gender-Age Marker between DG ECHO and partners at the final report stage .	4	26		21	11	3		17	82
	4,9%	31,7%	36,6%	25,6%	13,4%	3,7%	17,1%	20,7%	
6 - There is common agreement on the interpretation of the four criteria of the Gender-Age Marker between DG ECHO and partners (i.e. you frequently agree whether the criteria have been met: yes/not sufficiently).	3	30		26	12	0		11	82
	3,7%	36,6%	40,2%	31,7%	14,6%	0,0%	14,6%	13,4%	
7 - The various trainings on the Gender Policy and the Gender-Age Marker provided by DG ECHO for its partners are appropriate and sufficient to effectively implement the Policy.	3	16		20	13	1		29	82
	3,7%	19,5%	23,2%	24,4%	15,9%	1,2%	17,1%	35,4%	
8 - The e-learning on the Gender-Age Marker (since December 2019) provided by DG ECHO for partners and its own staff is appropriate and sufficient.	0	15		19	9	0		39	82
	0,0%	18,3%	18,3%	23,2%	11,0%	0,0%	11,0%	47,6%	
9 - The monitoring of the 4 criteria of the Gender and Age Marker is systematically and efficiently carried out within our organisation.	5	37		19	6	0		15	82
	6,1%	45,1%	51,2%	23,2%	7,3%	0,0%	7,3%	18,3%	

Statements / Level of agreement	Fully agree	Agree	Fully agree & agree	Neutral	Disagree	Fully disagree	Disagree & Fully disagree	I do not know / No opinion	Responses
10 - The staff of our organisation can be considered as gender-sensitive.	14	43		16	4	1		4	82
	17,1%	52,4%	69,5%	19,5%	4,9%	1,2%	6,1%	4,9%	
11 - Our organisation has a gender policy in place, which is fully consistent with DG ECHO's Gender Policy.	33	33		7	4	1		4	82

Survey 3: Steering Committee members of the Call to Action

Satisfaction with the Global Leadership of the EU

Issue / Level of satisfaction	Fully satisfied	Satisfied	Fully satisfied and satisfied	Neutral	Dissatisfied	Fully dissatisfied	Dissatisfied and fully dissatisfied	No opinion / I do not know	Total responses
Overseeing the implementation and monitoring of the Road Map	2	2	80,0%	0	0	0	0,0%	1	5
	40,0%	40,0%		0,0%	0,0%	0,0%		20,0%	
Leading the work of the Steering Committee	2	1	60,0%	0	0	0	0,0%	2	5
	40,0%	20,0%		0,0%	0,0%	0,0%		40,0%	
Organizing, coordinating, and leading advocacy in relevant forums	1	3	80,0%	0	0	0	0,0%	1	5
	20,0%	60,0%		0,0%	0,0%	0,0%		20,0%	
Maintaining communications with partners	1	2	60,0%	1	0	0	0,0%	1	5
	20,0%	40,0%		20,0%	0,0%	0,0%		20,0%	
Designing and leading the annual partner meeting	0	2	40,0%	1	0	0	0,0%	2	5
	0,0%	40,0%		20,0%	0,0%	0,0%		40,0%	
Managing the annual reporting by partners	1	1	40,0%	2	0	0	0,0%	1	5
	20,0%	20,0%		40,0%	0,0%	0,0%		20,0%	
	3	0		0	0	0		2	5

Issue / Level of satisfaction	Fully satisfied	Satisfied	Fully satisfied and satisfied	Neutral	Dissatisfied	Fully dissatisfied	Dissatisfied and fully dissatisfied	No opinion / I do not know	Total responses
Ensure the Call to Action website and partner listserv are regularly updated and maintained (please note that at the start of the EU Leadership there was no C2A website yet)	60,0%	0,0%	60,0%	0,0%	0,0%	0,0%	0,0%	40,0%	
Quality of the hand-over with the previous lead (Sweden)	0	0	0,0%	1	0	0	0,0%	4	5
	0,0%	0,0%		20,0%	0,0%	0,0%		80,0%	
Quality of hand-over with the new lead (Canada)	2	0	40,0%	0	0	0	0,0%	3	5
	40,0%	0,0%		0,0%	0,0%	0,0%		60,0%	
Overall, how satisfied are you with the management and organisation of the EU Leadership of the C2A, taking all above aspects into consideration?	2	2	80,0%	0	0	0	0,0%	1	5
	40,0%	40,0%		0,0%	0,0%	0,0%		20,0%	

Survey 4: EU Member States / COHAFA Members

ID	Question	Summary of statements collected
1	To what extent has the implementation of the DG ECHO Gender Policy and Gender-Age Marker contributed to more – or different – discussions and joint approaches with the EU Member States?	<p>The five valid responses to this question highlight the importance of the policy and indicate that DG ECHO’s efforts lead to a more focussed view on the importance of gender sensitivity in humanitarian assistance.</p> <p>Verbatim of a respondent: “..., it could be said that the DG ECHO Gender Policy and Gender-Age Marker has contributed to increased and more focused discussions on the importance of differentiating needs and implementing an equitable response even in emergencies.”</p>
2	How has the DG ECHO gender policy and generally, DG ECHO’s work on gender, if at all, had any added value for your own Member State ? For instance, does your Member State refer to the work of DG ECHO?	<p>The four respondents to this question indicate that DG ECHO’s work on gender and the informative exchange with the COHAFA members delivered a clear added value. Respondents underline that the work of DG ECHO informs their national efforts related to humanitarian aid planning and implementation, delivers valuable lessons learned and stimulates their discussions with humanitarian partners (related to gender issues). One respondent stressed particularly the impact reached in the context of GBV prevention through the Call to Action activities of the Commission.</p> <p>Verbatim of a respondent: “The work of DG ECHO on gender-age marker and lessons learnt shared as part of COHAFA notably has been useful to see how to better include the issue in our processes and dialogue with humanitarian partners. Several direct contacts with DG ECHO have also allowed information-sharing on operational matters (use of the marker). ...”</p>
3	Does your Member State use either the DG ECHO Gender Age Marker, the IASC Gender with Age Marker or the OECD Gender Marker? Has your Member State at any time (considered using) used the DG ECHO Gender-Age Marker? Please provide information on which Marker (i.e. OECD, IASC) your Member State has adopted and for what purpose.	<p>All respondents indicated to use the OECD Gender Marker in their national programmes / projects funded bilaterally. Respondents highlight that as a OECD member they have to report to OECD in the format OECD requires.</p>

ID	Question	Summary of statements collected
4	<p>What might be the enabling or limiting factors in using a Gender (-Age) Marker? Can you provide lessons learned and examples of good practice?</p>	<p>One enabling / attracting factor to applying the DG ECHO gender age marker in bilateral actions would be its compatibility with the OECD gender marker as this is required by OECD and therefore mandatory for OECD members. This would also prevent tool duplication in the view of respondents.</p> <p>Verbatim of a respondent: “This marker (DG ECHO’s marker) is very comprehensive and helps to understand the important issues around women’s and girls’ empowerment in the context of a crisis and to respond better to their specific needs. However, this marker could be more linked to the OECD gender marker in order to not duplicate the tools.”</p>
5	<p>To what extent has DG ECHO’s leadership of the Call to Action on Protection from Gender-Based Violence in Emergencies (between mid-2017 and end 2018) generated an added value on behalf of the EU?</p>	<p>Respondents to the survey highlight clear added value as result of the EU leadership of the Call to Action. It was argued that the leadership strengthened the voice of the EU on the international arena, showed the standing and importance of the EU and helped to sustain momentum on the importance of the issue (GBV prevention) at EU level and within the Member States.</p> <p>One respondent phrased in this context: “DG ECHO’s leadership of the Call to Action on Protection from Gender-Based Violence in Emergencies has helped to sustain momentum on the important issue within the EU and its Member States. Moreover, its leadership highlighted the importance to keep investing in prevention as well as in adequate protection response including psychosocial support services.”</p>
6	<p>How committed /effective have been the actors who are responsible for the Nexus process in promoting the continuity of gender mainstreaming between humanitarian aid and development? In particular, how effective have been DG ECHO’s efforts on gender in the Nexus framework?</p>	<p>Two respondents answered the question directly and indicated that in their opinion gender issues is not given particular attention in the Nexus process and that gender issues are over shadowed by other priorities and challenges related to the realisation of the continuity between humanitarian aid and development aid.</p> <p>One respondent underlines as follows: “The integration of gender mainstreaming has been in our opinion much overshadowed by other challenges in relation to the Nexus process.”</p>

ID	Question	Summary of statements collected
7	<p>What do you see as achievements as well as areas of opportunity for promoting Nexus processes (between humanitarian aid and development) in the area of gender? What are areas where the EU could have an added value?</p>	<p>Recommendations given by the respondents on how to use opportunities call for stepping up the efforts to mainstream gender issues through the establishment of an ambitious post-2020 plan, recommend fostering engagement in psychosocial support and prevention (of discrimination), and making the DG ECHO gender age marker compatible with the OECD gender marker to prevent duplication of tools and efforts.</p> <p>With respect to the OECD marker on respondent says: “It is essential to promote nexus processes between HA and development and women and girls should be at the center of this process. The DG ECHO marker is a good tool but it should be linked to the OECD gender marker that can be used now to monitor the humanitarian aid too. The EU has an added value in WPS and could used now to monitor the HA too.”</p>
8	<p>Please feel free to make any additional suggestions or comments regarding DG ECHO’s Gender Policy and / or Gender-Age Marker:</p>	<p>The other comments section received only one response which again highlights the importance of a linking process amongst the existing markers: <i>“Without asking for the creation of a unique marker linking OECD, ECHO’s and IASC it would be at least interesting for donors to have a correlation table to be used for reporting and accountability purposes. This would also contribute to harmonization objective.”</i></p>

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