IAHE

Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls

Case Study: Nigeria

October 2020

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Acronyms

AAP	Accountability to Affected Populations/People
CCCM	Camp Coordination and Camp Management
ET	Evaluation Team
FAO	Food and Agricultural Organization
FGD	Focus Group Discussions
FTS	Financial Tracking Service
GA	Gender Analysis
GAM	Gender with Age Marker
GBV	Gender-based Violence
GEEWG	Gender Equality and the Empowerment of Women and Girls
GenCap	IASC Gender Standby Capacity Project
GTT	Gender Technical Team
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDI	Human Development Index
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
HRS	Humanitarian Response Strategy
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
INGO	International Non-governmental Organization
IOM	International Organization for Migration
ISWG	Inter-Sector Working Group
MSNA	Multi-Sectoral Needs Assessment
NHF	Nigeria Humanitarian Fund
NORCAP	Norwegian Refugee Council Stand-by Capacity
OCHA	Office for the Coordination of Humanitarian Affairs
ProCap	Inter-Agency Protection Standby Capacity Project
PSEA	Protection from Sexual Exploitation and Abuse
SADD	Sex- and Age-disaggregated Data
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based Violence
SOPs	Standard Operating Procedures
SPO	Senior Protection Officer
SWAP	System-wide Action Plan
ToC	Theory of Change

ToR	Terms of Reference
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WASH	Water, sanitation and hygiene
WFP	World Food Programme

Executive Summary

Gender equality and the empowerment of women and girls are key to an inclusive and effective humanitarian action. This case study is an effort to investigate the field-level dynamics, mechanisms, tools and practices that enable or hinder the integration of gender equality and the empowerment of women and girls in the humanitarian response in Nigeria, with the aim to contribute to advance global-level reflections and learning on this and improve aid effectiveness.

The study findings are primarily derived from a comprehensive literature review and fieldwork conducted in February 2020. Drawing on the theory of change and analytical framework designed during the inception phase, the analysis looks at how GEEWG plays out across the three evaluation areas of focus: (1) gender-responsive programming, (2) capacity-building and (3) participation. The focus is on the capacity of the humanitarian community collectively to act on the GEEWG tools and frameworks thus contributing to a gender-responsive humanitarian programming.

Key findings are summarized below.

1. **The humanitarian response in Nigeria is not grounded in a comprehensive gender analysis and understanding of gender dynamics.** The study identified only few attempts to analyze the discriminatory social and cultural gender norms, beliefs and attitudes that cause inequality and harm and their changes over time and in relation to the conflict, as the basis for more targeted gender-responsive programming.

2. Considerable time and energy is spent in engaging with men and women among the affected populations, but **needs remain not fully and adequately addressed**, and some groups such as **adolescent boys and persons with disabilities are not adequately consulted and listened to**.

3. Overall alignment with gender-related policies and tools is challenged by lack of coordination and consolidation among the initiatives and tools, and the lack of attentive thought for the capacities to sustain and maintain at the country level.

4. The lack of prioritization of gender at the leadership and humanitarian community level is a fundamental barrier to the development of a clear vision and objectives on gender all humanitarian actors can contribute to.

5. Gender funding schemes are limited and undermine the ability of humanitarian actors to carry out technically competent and long-lived gender-responsive programmes. Programmes targeted at preventing and responding to GBV and protection are relatively underfunded in Nigeria, while the absence of mechanisms for tracking resources on gender at both global and country level makes holding humanitarian actors and donors accountable for gender equality outcomes difficult.

1. Background and Methodology

1.   The Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women (GEEWG) in humanitarian response is the first ever thematic IAHE. The scope of the evaluation is global and focuses on gender-responsive programming, capacity building, and the participation of women and girls in the period 2017-2019. The evaluation focuses on the collective use of gender strategies and policies by IASC organizations and the adequacy of financial and human resources allocated to them. The purpose of the evaluation is to enhance learning around GEEWG in humanitarian programming in order to identify best practices, enabling factors, and tools that can be replicated across the humanitarian system. There are multiple information streams for data collection within the evaluation, including a global-level document review, global-level key informant interviews, and field missions to four case study countries for field-level validation. Full details of the overall methodology are found in the IAHE GEEWG Inception Report.

2.   The following four questions and criteria guide the evaluation:

   a.   EQ1 - relevance: To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men, and boys?

   b.   EQ2 - coherence: How consistently are existing system-wide policies, programme guidance, and tools on gender implemented among IASC members?

   c.   EQ3 – effectiveness: How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?

   d.   EQ4 - coordination: To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?

3.   Four countries for case study visits – Nigeria, Colombia, Iraq, and Bangladesh – were selected from among a pre-defined list and according to criteria aimed at enhancing opportunities for identifying good practice and 'game changer' examples.[1] Nigeria was chosen as hosting one of the world's largest protection crises and a wide variety of emergencies, including conflict; displacement; floods; food crisis; and insecurity. Moreover, available information indicated a gender-related structure within the humanitarian architecture made of GenCap Advisors; GBV Sub-Cluster; and an HCT Gender and Protection strategies.

4.   In the case of Nigeria, the primary data used to compile this brief is derived from interviews with more than 60 in-country key informants (Annex 1) and 16 focus group discussions in the Borno and Adamawa States. Three project site visits were also carried out by the evaluation team (ET) to Stadium and Gubio IDP Camps in Maiduguri (Borno), and Malkohi Camp in Yola (Adamawa). In addition, information contained in reports, statistics, and project updates for the period under consideration were also used to triangulate information (Annex 2). Finally, a survey was administered to a wide range of in-country aid workers, however results were not included in the report as the response rate was very low.[2]

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[1] The criteria included the type of emergency and the presence of a gender advisor, gender strategy, GBV sub-cluster, gender working group, joint gender assessment, and so on. A detailed description of the methodology used for the selection can be found in the IAHE GEEWG Inception Report.

[2] The Nigerian Aid Worker Survey received only six responses and therefore is not included in this analysis, although the responses will be integrated into the global assessment.

2. Context Description[3]

Country Context

5. Nigeria is the most populous African nation and Africa's biggest economy, with a GDP of USD 397 billion in 2018. South Africa, once the biggest economic player on the continent, has a GDP of USD 366 billion.[4] Yet, roughly half of Nigeria's population lives in extreme poverty; Nigeria ranks 158th in the 2019 Human Development Index (HDI)[5] and 128th among the 153 countries ranked in the 2020 Global Gender Gap Report.[6] The country faces significant issues related to gender inequality and the disempowerment of women, which however has contributed to the formation of a strong women's movement fighting for equal rights.[7] Inequalities between men and women span across most of the development indices, with the gap widening in the education, employment, and health subsectors. Poverty is particularly extreme in the North East and North West zones, and gender inequality has led to substantial losses in terms of growth, income distribution, and economic diversification.[8] Since the nineteenth century however, women in Nigeria has been struggling against discrimination and gender-based violence and organized themselves in movements for greater equality and increased participation in politics and decision-making.[9]

6. North East Nigeria lags behind other regions in education, wealth, and health indices due to a mix of historical, cultural, and socio-economic factors.[10] National average primary school attendance is 66 per cent among girls overall, but it is only 12 per cent among poor Hausa girls from rural areas.[11] The national aggregate child marriage (below age 18) rate in Nigeria is 46.8 per cent for women aged 18–49 across rural and urban, poor and rich, but it gets as high as 87.6 per cent for the most disadvantaged.[12] A wide array of other factors such as conflict, flooding, and disease outbreaks further complicates the situation, including a protracted armed conflict with significant gender implications that has left a total of 7.1 million people in need of humanitarian assistance in the three affected states of Borno, Adamawa, and Yobe.[13] Since 2009, violent attacks on civilians by armed groups have caused massive displacement in the Lake Chad Basin.[14] The ten-year conflict has greatly deepened the divide between the North East and the rest of the country, to the particular disadvantage of women and children, who constitute 80 per cent

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[3] This section provides a short overview of the country context and the humanitarian response. Analysis of the response with respect to GEEWG is integrated into the sections on the findings.

[4] www.weforum.org/agenda/2019/08/nigeria-africa-economy/.

[5] UNDP, "Human Development Report" (2019).

[6] World Economic Forum, "Global Gender Gap Report 2020" (2020).

[7] Just to cite one example, the Women's Rights Protection and Advancement Alternative (WRAPA) is the Nigerian no-governmental organization that successfully saved Amina Lawal in 2003 from death by stoning for alleged commission of *zina,* unlawful sexual intercourse considered a capital crime under the Shari'a penal code.

[8] IMF, "Country Report Nigeria" (2018).

[9] Comfort Yemisi Afolabi, "The Invisibility of Women's Organizations in Decision Making Process and Governance in Nigeria" (2019).

[10] PCNI, "The Buhari Plan, Volume I" (2016).

[11] Hausa is the largest ethnic group in Sub-Saharan Africa and mainly present in Southern Niger and Nigeria.

[12] Data indicates that women and girls from the poorest households are nearly five times as likely to be married before the age of 18 as those from the richest households (UN Women, "Turning Promising into Action: Gender Equality in the 2030 Agenda", 2018).

[13] OCHA, "Nigeria Humanitarian Response Plan 2020" (2020).

[14] Boko Haram initially emerged in north-east 2005 to protest corruption and inequality produced by state structures and calling for a return to more Islamic way of life. Subsequently divided into Jama'atu Ahlus-Sunnah Lidda'Awati Wal Jihad (JAS), initially more violent and reactionary and with no regards to civilians, and Islamic State's West Africa Province (ISWAP), which seemed to respond more to a political project and with a more respectful approach vis-à-vis civilians. This however has been changing over time and particularly after the killing of the *de facto* leader of IWAP in August 2018 and a significant escalation of violence. Counter-insurgency efforts by the army, the Multinational Joint Task Force (MNJTF), and the non-state self-defence armed groups such as the Civilian Joint Task Force and the vigilante groups have also pushed civilians and militants into displacement.

of the 2 million internally displaced persons (IDPs),[15] and up to 87 per cent among recently displaced populations.

7. In the patriarchal structures in the north, women and girls are consistently subjugated, oppressed and violated. Differing roles, responsibilities, and command of resources between women and men are among the reasons behind women's higher vulnerability to poverty, lower levels of education, limited access to land for farming, and limited access to financial services as compared to men in peace times. Structural inequalities and discrimination have shaped the lives of women and girls making them more vulnerable to abuse and attacks in the context of the conflict, while at the same time casting them voluntarily or by force into new roles both inside and outside the domestic sphere. Evidence shows that women and girls are mostly targeted with rape, abduction, and sexual slavery, and are forced to carry person-borne improvised explosive devices, while men and boys are mostly targeted for recruitment by non-state armed groups, and are at higher risk of being killed and arbitrarily detained.[16] These differential risks have left women and girls increasingly engaged in economic activities and decision-making and provider roles;[17] this has resulted in an increased burden and vulnerability, as well as altering intra-household dynamics. However, traditional power relations continue to limit women's ability to participate fully in all aspects of family and community life. Men, if they are present, can no longer perform their traditional provider roles, mostly due to lack of access to pastureland. Hence, while a few are at times involved in fetching firewood and water, the majority of men spend their time idling outside.[18] Breakdown of livelihoods, restriction of movement, and insecurity have resulted in an increase in negative coping mechanisms such as survival sex, and child marriage.[19]

Humanitarian Response

8. Humanitarian response has been coordinated under the Nigeria Humanitarian Response Plans, which have been produced since 2014, though most United Nations agencies declared corporate Level 3 emergencies in 2016. The 2019–2021 Humanitarian Response Strategy (HRS) marks the first multi-year framework in Nigeria and provides an opportunity to strengthen the humanitarian–development peace nexus and enhance collaboration and ownership by the Government of Nigeria in addressing the needs in the affected areas of the North East. Gender responsive humanitarian action can play a key role by recognizing the potential of women and girls as agents of change and harnessing opportunities to change gender norms and contribute to transformations that go beyond immediate relief and equal treatment. Protection remains at the forefront of the humanitarian response and central to the first two HRS strategic objectives: 1) save lives by providing timely and integrated multi-sectoral assistance and protection interventions to the most vulnerable; and 2) enhance timely, unhindered, and equitable access to multi-sector assistance and protection interventions through principled humanitarian action.[20]

9. Gender, age, and diversity are reportedly mainstreamed across the response, with collection and analysis of sex- and age-disaggregated data (SADD), increased attention to the needs of older persons and persons with disabilities, and the systematic roll-out of the new Gender with Age Marker (GAM).[21] This has been further validated in the context of this case study brief.

10. According to the 2019 Multi-Sector Needs Assessment (MSNA), the highest needs across all three states were reported as education, food security, and health. Needs are

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[15] IOM, "DTM Nigeria" (2019). https://displacement.iom.int/nigeria.

[16] OCHA, "Humanitarian Response Strategy 2019–2021" (2019).

[17] Anusanthee Pillay, "Harnessing Gender Transformative Opportunities within Humanitarian Crises", ACCORD (2018).

[18] FAO, "Rapid Gender Analysis of Affected Population in Borno, Adamawa and Yobe States." (2018)

[19] CARE, "CARE Rapid Gender and GBV Assessment Borno State." (2018)

[20] OCHA, "Humanitarian Response Strategy 2019-2021" (2019).

[21] OCHA, "Humanitarian Response Strategy 2019-2021" (2019).

generally high for all population groups, though female-headed households most frequently demonstrated 'very high' or 'high' needs.[22] Households headed by women tend to have higher rates of food insecurity (36.9 per cent) and severe food insecurity (6.9 per cent) compared to their male-headed counterparts, who have food insecurity and severe food insecurity rates of 24.9 per cent and 2.1 per cent respectively.[23] The literacy level among affected populations in Borno, Adamawa, and Yobe States also appears to have a gender dimension, with only 49.1 per cent of the households headed by women being literate, compared to 75.9 per cent of the male-headed ones.[24]

Gender Equality and the Empowerment of Women and Girls

11. The HCT in Nigeria has piloted a wide array of initiatives on gender and gender-based violence. Two key IASC gender tools had a global launch in 2018: *The Gender with Age Marker* (GAM), and the *IASC Gender Handbook for Humanitarian Action*. In the same year, *Call to Action on Protection from Gender-based Violence in Emergencies: A Road Map for Action in North East Nigeria* was also launched. Other gender-based violence (GBV) initiatives include the roll-out of the *IASC Guidelines for Integrating GBV Interventions in Humanitarian Action* in July 2017. More recent rollouts include the 2019 *GBV in Emergency Coordination Handbook* and the 2019 *Inter-Agency Minimum Standards for GBV in Emergencies Programming*, along with the piloting of the Primero case management tool.

12. 2018 also marked the endorsement by the Humanitarian Country Team (HCT) of the first Centrality of Protection Strategy, the Community Engagement Strategy and Action Plan for North East Nigeria, and the Gender Equality in Humanitarian Action Mainstreaming Strategy.

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[22] Protection was the least-reported sectoral need at the state level, and mostly pronounced among displaced populations in all three states (REACH, "Multi-Sector Needs Assessment, Nigeria", 2019).

[23] The majority of the female-headed households (63.7 per cent) are widowed due to the systematic targeting of men by non-state armed groups in the ongoing hostilities (WFP, "Emergency Food Security Assessment in Borno, Adamawa and Yobe States of Nigeria", 2019).

[24] WFP, "Emergency Food Security Assessment in Borno, Adamawa and Yobe States of Nigeria" (2019).

3.   Findings

13.   The considerations highlighted here provide a snapshot of the most common issues related to gender equality and the empowerment of women and girls in the Nigeria humanitarian response, as reported to and observed by the team during the country visit and triangulated through a targeted literature review.[25] Findings are further triangulated from the 2018 *IASC Gender Policy Accountability Framework Report*, which marks the first monitoring cycle of the 2017 IASC Gender Policy.[26]

14.   Findings are organized around the four key evaluation questions and relevant sub-themes. Annex 3 presents a summary evidence table aligned with the overall IAHE GEEWG evaluation matrix. Conclusions regarding the focus areas of the evaluation are integrated into the summary conclusive section.

3.1   Evaluation Question 1: Relevance

To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men, and boys?

Gender analysis

15.   Humanitarian Needs Overviews (HNOs) form the cornerstone of humanitarian planning. The better and more accurate the gender analysis in the HNOs, the higher the likelihood of humanitarian response plans including projects and programmes that are gender equitable. The collection, analysis, and use of SADD is an essential prerequisite for this and a global requirement for both HNOs and HRPs. The evaluation found that SADD has been systematically reflected in all HNOs and HRPs for Nigeria and across sectors of interventions.[27] Gender analysis varied from one simple reference to 'gender norms' in the 2017 HNO to a slightly more nuanced analysis of the gender-based gaps, inequalities, and dynamics that underpinned the crisis in 2018 and 2019. Similarly, for the HRPs, references to gender increased from 2017 to 2018, yet to a lesser extent in the most recent Humanitarian Response Strategy 2019–2021, where the gender- and age-sensitive programming section is more about protection and GBV than gender.[28] General reference to the needs of women and girls and other gender considerations as relevant were also evident in the sectors' chapters, with the exception of the needs of men. All HRPs for Nigeria contain specific commitments to address GBV, protection, and sexual exploitation and abuse, as well as reference to accountability to affected populations (AAP). In the 2018 HRP, AAP is listed as a key commitment guiding the implementation of the three strategic objectives, together with localization.[29] Reference to persons with disabilities is limited and mostly in relation to protection and education. No disaggregation based on disability was found in any of the HNOs or HRPs.

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[25] Unless otherwise indicated in the narrative itself, findings are the triangulated composites from multiple interview sources.

[26] The report was produced by UN Women on behalf of the IASC Reference Group for Gender in Humanitarian Action and combined data from various sources, including direct contributions from 25 country contexts, 9 of which are also considered under the current IAHE GEEWG. Information on Bangladesh, which is among the countries selected as a case study for the IAHE, is not found in the report.

[27] OCHA, "Humanitarian Needs Overview 2017" (2017); OCHA, "Humanitarian Needs Overview 2018" (2018); OCHA, "Humanitarian Needs Overview 2019" (2019).

[28] In a context of deeply rooted inequalities and discrimination, understanding the norms and traditions that define who has decision-making power and access to opportunities and resources is an essential prerequisite for addressing the needs and concerns, including the protection and GBV risks, of all population groups in the affected population. Hence the need for gender equality issues to be analysed separately from protection and GBV (OCHA, "Humanitarian Response Plans 2017", 2016; OCHA, "Humanitarian Response Plans 2018", 2017; OCHA, "Humanitarian Response Strategy 2019–2021", 2019).

[29] The 2018 HRP also targeted participation and inclusion of women; OCHA, "Humanitarian Response Plans 2018" (2017).

16. REACH[30] has been present in Nigeria since 2017 to support humanitarian actors in the collection of up-to-date information to address the humanitarian needs of vulnerable groups. The first-ever Multi-Sectoral Needs Assessment (MSNA) exercise took place in June–July 2018, and the findings are referred to in the 2019 HNO.[31] The MSNA was found to be by far the most reliable attempt to account for the needs of all population groups across all sectors of intervention in an inclusive and participatory manner. Data and analysis in the MSNA reports are disaggregated by age, sex, and other factors such as pregnant and lactating women and girls; chronically ill or; persons with disabilities; separated or unaccompanied children; age dependency ratio; and female-headed households. However, some informants raised concern about the extent to which the MSNA is actually used to its full potential, with data coming late to properly feed into the HNO process, due to a reported general lack of coordination between the MSNA on one side and the HNO and HRP on the other.[32]

17. In addition to the MSNA, evidence was found of specific gender analyses by CARE and FAO; however, these do not seem to be used as a common reference by other stakeholders, and there seems to be no comprehensive gender analysis exercise. Importantly, this was already noted by one GenCap advisor deployed to Nigeria in December 2018, and the situation has not changed since.[33] Finally, Safety Audits[34] were conducted across all sectors by UNICEF in 2019 as part of the Inter Sector Working Group Action Plan for integrating GBV risk mitigation and GBV mainstreaming. The implications of the findings were still being deliberated among the various clusters at the time of this mission.

Engagement with affected populations

18. Besides assessments, where men and women of different age are consulted separately on their needs and priorities, the pathway to inclusion and engagement in Nigeria takes the form of information sharing on the assistance and services being provided, and the establishment and use of multiple complaint and feedback mechanisms. Focus group discussions with various groups among the affected populations in both Maiduguri (Borno State) and Yola (Adamawa State)[35] revealed that consultations are systematically taking place and men and women of different age are directly, i.e. not *via* community leaders, asked about their needs and priorities with regards to the assistance. For example girls reported being asked about their hygiene needs, while women are often consulted in relation to food and other household items. Respondents, and female slightly more than male, expressed a general sense of satisfaction about the extent to which they are engaged with and by humanitarian actors on defining the assistance and services they need, though frustrations remain about consultations not always yielding the desired result and needs not being fully and adequately addressed.

19. Information sharing on the assistance and services provided is mostly through community leaders, with female-headed households and persons with disabilities at times missing

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[30] REACH is a joint initiative of UN and NGO created in 2010 to provide data in the framework of inter-agency coordination mechanisms at field and global levels to enabling more efficient aid planning and response. Multi-sectoral needs assessment (MSNA) is one of the tools used by REACH to assess the needs of populations affected by conflicts. https://www.reachresourcecentre.info/about/

[31] At the time of writing the report, the 2019 MSNA exercise was not yet available.

[32] Among the reasons for this is the fact that these exercises are done by different people in different moment in time (Informant 18).

[33] IASC, "GenCap Inception Report" (2018).

[34] Safety Audits are carried out in camps or settlements during displacement to assess safety and security concerns for women and girls. The Safety Audit tool is based on visual observation as a means of assessing GBV risks related to the physical structure and layout, resource availability, and provision of humanitarian services and assistance (UNICEF, "Safety Audits, A How to Guide", 2018).

[35] A total of 16 FGDs were held in three IDP camps across two different states. In all sites, groups were divided as follows: women and men 25–59; girls and boys 18–24; and individuals with special needs, which, depending on the location, included persons with disabilities, also divided by sex, and female-headed households.

out either because lacking a male relative trickling down on the received information or due to limited mobility and therefore limited opportunity to attend community meetings, respectively. Radio and loudspeakers are other common forms of information sharing with the affected populations. Throughout, respondents reported preferring direct engagement with humanitarian workers rather than filtering through community structures, as it ensures greater transparency and access to information by all. Examples of engagement with women led organizations were found in Maiduguri in relation to the management of safe spaces, which provide important venues for consultations and information sharing.

20. Persons with disability, men and women alike, generally experience a lower level of engagement, as they tend to be consulted less frequently and regularly than other groups, and their needs are not systematically considered across sectors. This is symptomatic of the limited attention that has been granted to them to date. However, informants indicated that the situation is gradually improving. Examples of efforts to better accommodate the needs of persons with disabilities as well as older persons include latrines at the shelters and special attention being given to the risks they may face. Adolescent boys are also a generally disregarded group, as they are not necessarily included in the activities that typically target their female counterparts (such as nutrition, GBV prevention and response, and hygiene),[36] and they tend to be consulted less. When consulted in the context of this evaluation, adolescent boys expressed the desire to be involved in livelihood and capacity building activities on for example tailoring and petty trading to earn money to fend for themselves and their families and be able to get married.

21. There are consistent efforts among all actors to gather feedback and complaints from various groups among the affected populations. This is demonstrated by the establishment and functioning of a multiplicity of mechanisms in both camps and communities, such as suggestion boxes, voice recorders, hotlines, complaint desks, and so on. Individuals consulted during focus group discussions in various locations reported awareness of, access to, and use of a variety of them. The choice of one over another depends on one's capability (e.g. literacy level, mobility, access to and ability to use devices such as mobile phones) and sense of safety, confidentiality, and effectiveness. In general, while appreciative of the numerous options, the majority of the respondents seemed to prefer one-on-one interaction, privacy, and confidentiality, over more visible, difficult-to-use (due to illiteracy) mechanisms such as complaint desks.[37]

22. Frustrations were expressed regarding the lack of two-way communication, with feedback not being listened and responded to and humanitarians not informing individuals about the result of their feedback or complaint. These were higher in Yola, where respondents have not received assistance for the past three months. Over time, this has reduced their confidence and trust in the existing systems, and possibly hindered participation. Within this context, women were slightly better off because they have been provided with more opportunities for voicing their concerns and receiving support, e.g. through psychosocial counselling and access to safe spaces. All of the above is consistent with the findings of the AAP assessment REACH did in 2019 as part of the latest MSNA exercise.[38]

23. According to the Standard Operating Procedures (SOPs) on Protection from Sexual Exploitation and Abuse (PSEA) recently developed for Nigeria, complaints about SEA should not be handled separately, but rather should link to and build on existing structures

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[36] Also, in FGDs girls noted humanitarian workers inquiring about their specific needs with regard to hygiene materials such as sanitary kits and bathing soap.

[37] Women reported discomfort talking to male complaint desk officers about their personal needs, such as menstruation and hygiene (FGDs in Maiduguri and Yola). Similar findings also emerged in the 2019 MSNA in relation to AAP (REACH, "AAP 2019 Report, DRAFT Key Findings and Recommendations" 2019).

[38] Reach, "AAP 2019 Report, DRAFT Key Findings and Recommendations" (2019).

for complaints and feedback.[39] Efforts are however still needed to enhance the capacity of organizations, both individually and collectively, on PSEA, as well as awareness raising of beneficiaries on their rights vis-à-vis humanitarian personnel.

24. Notwithstanding all the reported efforts, the structure for community engagement remains a challenge in Nigeria. An accountability to affected populations working group was first established in July 2016 but has not been systematically functioning since then. Initially revived in July 2017, and with a revised terms of reference (ToR) since March 2018,[40] the group had only intermittent support from OCHA until the end of 2018[41] and a general lack of prioritization by the leadership. A coordinated community engagement strategy for North East Nigeria was developed in June 2018.[42] Almost two years down the line, however, eight agency-specific hotlines are still operational in various locations, which coupled with limited information sharing are hindering harmonization and responsiveness on the complaints and feedback received. There is also a yet-to-be approved proposal for an HCT unified system for dealing with complaints and feedback that has been in circulation since July 2019. Lack of information sharing and collaborative spirit among organizations is inhibiting effective coordination on AAP. Though not investigated in much detail, it is reasonable to expect that the lack of harmonization and consolidation may act as an impediment to issues moving up the line to senior leadership, possibly limiting action and accountability. Meanwhile, men and women alike express consultation fatigue, including to the team during the short visit to Nigeria, and efforts by organizations remain duplicative, at best.

25. Finally, Nigeria GAM results for 2019 indicate that in the majority of the projects with a GAM profile, affected people are involved in assessment, design, and delivery of assistance, and slightly less in reviewing and changing projects. Also, participation appears fairly equal between females and males.[43]

3.2   Evaluation Question 2: Coherence

How consistently are existing system-wide policies, programme guidance, and tools on gender implemented among IASC members?

26. This section illustrates findings on coherence in relation to various aspects as introduced by the sub-headings below. Coherence was not found consistently across all of them. More specifically, while general alignment with existing guidance and tools was found in Nigeria, efforts by the leadership to ensure a coherent approach on gender have been limited. More details can be found in the sections below.

Alignment with existing policy framework

27. When asked about system-wide gender, GBV and protection-related policies and guidance, none of the informants referred to the IASC Gender Policy and related Accountability Framework. A variety of other tools were referred as tested and used in Nigeria. These include the IASC Gender Handbook, the Gender with Age Marker, the GBV Call to Action, the IASC Minimum Standards for GBV in Emergencies, the Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, the Handbook for Coordinating GBV Interventions in Emergencies, the IASC revised AAP Commitments, the PSEA Global Standard Operating Procedures, and the IASC Policy on Protection in Humanitarian Action. Of the above, the GBV guidelines, the AAP

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[39] IASC, "Protection from Sexual Exploitation and Abuse by Humanitarian Personnel in Nigeria, Standard Operating Procedures" (2019).

[40] Community Engagement, Accountability to Affected Population Working Group, "ToR" (2018).

[41] Prior the coordinator was moved to another task for a few months with no replacement.

[42] HCT, "Community Engagement Strategy for North East Nigeria" (2018).

[43] IASC, "GAM Results Nigeria, FTS Projects" (2019). For more information on GAM results, see EQ 3 Effectiveness.

commitments, the Gender with Age Marker, the Call to Action, and the Policy on Protection are specifically mentioned in one or more of the HNOs and HRP/S. In addition, respondents reported primarily relying on agency and sector-specific documents and tools to guide their work on gender, protection, and GBV, including training of staff and partners. These are said to be in line with tools and guidance materials that exist at the inter-agency level.

Implementation of tools

28. The Gender with Age Marker was adopted by the Humanitarian Country Team in Nigeria in June 2018, along with a commitment to develop an accountability framework; the Nigeria Humanitarian Fund (NHF) manager also committed to the mandatory use of the GAM for their funding allocations.[44] Despite these commitments, after one year of use only 24 per cent (44/183) of the projects listed in the Financial Tracking Service (FTS) completed the GAM.[45] This is quite a low completion rate in general as in comparison with some other complex emergencies as per the existing reports on this.[46] As for the United Nations agencies, only UNHCR used it for all its projects, and UNICEF, WFP, and FAO only for some. The projects of other agencies that were approved did not use the GAM.[47] According to GAM 2019 report for Nigeria, 50 per cent of the projects with GAM demonstrate a good analysis of gender and/or inequality in context.

29. The period 2017–2019 also saw the deployment of dedicated capacity on gender, protection, and GBV, including a number of agency-specific surge capacity initiatives on gender and/or protection and GBV, such as a GBV roving specialist for UNFPA and a Norwegian Refugee Council Stand-by Capacity (NORCAP) advisor working on AAP, gender, and protection for FAO.[48] Advisors were often tasked with the roll-out and socialization of many of the above-mentioned global tools and initiatives, in addition to other assignments.

Leadership contribution to a coherent approach

30. A Nigeria-specific Gender Equality in Humanitarian Action Mainstreaming Strategy was developed by the first GenCap advisor ever deployed in Nigeria and was endorsed by the HCT in 2018. The strategy is consistent with the 2017 IASC Gender Policy and other guidance and tools that exist at the global level on gender and include a focus on gender coordination across agencies. However, it is the least-known and least-mentioned strategy among the ones in existence in Nigeria, and the only one that has not been mentioned at all in any of the HNOs and HRPs/HRSs.[49] The only explicit reference to the HCT commitment to gender equality was found in the 2018 HRP, which under Strategic Objective 2 states: 'The HCT will ensure that gender equality is integrated throughout the humanitarian programme cycle to ensure that the response addresses the differentiated needs, capacities and threats faced by women, girls as well as boys and men'.[50]

31. One interesting practice in the response has been the GBV Call to Action. Nigeria is one of two countries that piloted the development of a GBV Call to Action Road Map modelled

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[44] The GAM was launched globally in June 2018 and is now a mandatory part of the HPC for all IASC, UN agencies, and partners. It replaces the previous gender marker. The GAM offers project holders 12 programming actions to articulate and improve attention to gender and age in projects and programmes, and encourages users to systematically consider gender and age concerns to improve the quality of response, https://iascgenderwithagemarker.com/en/news/.

[45] IASC, "GAM Results Nigeria, FTS Projects" (2019).

[46] See for example 75% in Libya, 76% in Ukraine, and 79% Palestine. IASC, "GAM Results Nigeria, FTS Projects" (2019).

[47] IASC, "GAM Results Nigeria, FTS Projects" (2019).

[48] These are just few examples. Other agency-specific deployments may have occurred in the period under consideration, which however may have not been reported to the team, as the focus was on collective capacity and expertise. An analysis of the effectiveness of these deployments is provided in 3.3 below.

[49] Only a few among the 60 informants interviewed knew about the existence of the HCT Gender Strategy.

[50] OCHA, "Humanitarian Response Plans 2018" (2017).

on the global Road Map but adapted to meet the priority concerns in this setting.[51] With support from the European Union (ECHO), the Call to Action Road Map for North-eastern Nigeria was formally launched in July 2018 and brought together 44 partners ranging from national and state entities, civil society organizations, donors, UN and INGOs. Initially valid for two-year, the roadmap was later reviewed in Oslo in May 2019,[52] and an extension agreed through 2021 with funding from Norway and Switzerland.[53] In the absence of a similar platform or steer on gender, the Call to Action soon became the default framework for all gender-related work, unifying under a single umbrella a multiplicity of initiatives, including by UN Women itself. Other relevant high-level collective efforts that had a bearing on gender include the Centrality of Protection Strategy developed in 2017, and the 2018 HCT Community Engagement Strategy and Action Plan.

32.   The humanitarian leadership in Nigeria committed to a zero-tolerance approach to any form of sexually exploitive and abusive behaviour of humanitarian personnel vis-à-vis the affected populations. In addition, it committed to uphold to the obligation to report any concerns or suspicions that arise from this, including through complaint and feedback mechanisms. Evidence of coherence with the global commitments and procedures included the adoption of the Inter-Agency Complaint Intake and Referral Form and the adaptation of the global SOPs on PSEA to the reality in Nigeria. Lastly, one action that was reported by various informants as illustrative of the commitment to gender at the leadership level is the disbursement of 1 million USD from the Nigeria Humanitarian Fund (NHF) in 2019 for the procurement of standard dignity kits.[54]

33.   Gender equality does not have an identity in its own right in Nigeria, and most gender considerations have fallen by default under Protection and the GBV sub-sector. Gender is not a standing agenda item for the HCT in Nigeria, and when it is discussed, informants reported that it is more often a talking point than an action point. A similar situation was found in the INGOs Forum, where discussions are said to primarily be around political issues and the humanitarian principles, with protection and security issues taking over leaving little space (if any) to discuss gender issues. Events and campaigns such as the 16 days of activism against gender-based violence generate some momentum around gender, which however do not exceed the duration of the initiatives.

34.   There is a growing body of evidence that diverse and inclusive[55] humanitarian leadership is more likely to adopt a diverse and inclusive approach vis-à-vis the communities they serve.[56] Success in achieving diversity and inclusion however is contingent upon the buy-in of leadership teams. Diversity with respect to gender in staffing is lacking in Nigeria across agencies and at all levels, including at the leadership level.[57] Among the reasons for this are lack of prioritization of gender parity by the leadership and organizations at

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[51] There has always been the GBV sub-sector that provides a platform for GBV matters. The call to action Nigeria Roadmap was a strategy to bring the attention of key stakeholders to key GBV concerns within the response and included commitments towards the implementation of the roadmap and funding for UNFPA specific programmes.

[52] "Ending Sexual and Gender-Based Violence in Humanitarian Crises", Oslo, Norway, www.endsgbvoslo.no.

[53] In January 2019, Canada succeeded the European Union as the global lead of the Call to Action. Canada and ECHO appeared among the most actively engaged in the efforts to promote gender equality and the empowerment of women and girls in Nigeria (Informants 17, 19). For additional information on this pilot and to access the Guide for Developing A Field-Level Road Map see: https://1ac32146-ecc0-406e-be7d-301d317d8317.filesusr.com/ugd/1b9009_651f078e8a8749f2b3c197c1ef6a2444.pdf

[54] More on funding for gender equality in the Nigeria response can be found in Section 2.3 under effectiveness (NHF, "Allocation Strategy Paper", 2019).

[55] Diversity includes differences relating to gender, age, disability, cultural background, sexual orientation, social and economic background, profession, education, work experiences and organizational roles. Inclusion refers to the feeling of value and respect, and the opportunities to contribute perspectives and access opportunities and resources. In the case of Nigeria, the focus was primarily on gender diversity.

[56] See for example Humanitarian Advisory Group, "Data on Diversity: Humanitarian Leadership under the Spotlight" (2019); and ALNAP, "Leadership in Action: Leading Effectively in humanitarian operations" (2012).

[57] See findings on this in the following section.

large as evidenced by the absence of deliberate focus and efforts on this at the collective level.

3.3   Evaluation Question 3: Effectiveness

How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?

The commitment to gender

35.   Gender together with other cross-cutting issues is mentioned in the standard ToR for HCTs,[58] which pre-dated the endorsement of the IASC Gender Policy in 2017. In 2018, the HCT TOR for Nigeria was revised to mirror the global standards TOR. However, there was observed a basic lack of knowledge and reference to the IASC Gender Policy among informants in Nigeria, including at the leadership level, which suggests that these responsibilities outlines may not be commonly understood.[59]

36.   In the period under analysis, two GenCap and one ProCap advisors were deployed to Nigeria to strengthen the capacity of the HCT and humanitarian organizations on gender and protection respectively. A new deployment was also expected from April 2020, though most of the informants did not know of this planned deployment. The length of deployment, responsibilities, and perceived impact and contribution of these advisors varied. Informants agreed that the GenCap deployments resulted in enhanced visibility and priority being accorded to gender within the HCT and across organizations. This was achieved through the establishment of mechanisms and procedures for information sharing and gender mainstreaming such as the Gender Technical Team (GTT) comprising gender advisors and focal points from all sectors, ensuring knowledge and usage of key tools such as the IASC GAM and Gender Handbook, and building capacity on gender across agencies and sectors. When present, GenCaps *de facto* led the work on gender in Nigeria.[60] However, sustainability remains a challenge. This is due to: 1. the temporary and often short-term nature of these deployments was not enough to result in profound and enduring changes; 2. in-country capacity was probably not enough to sustain and maintain the efforts made by the two GenCaps; 3. limited prioritization of gender by humanitarian organizations as compared to protection and GBV. In contrast, the continuous and longer-term support provided by the regional GBV emergency advisor deployed (in relation to the development of the Call to Action roadmap in 2018) was perceived by stakeholders to have resulted in more durable results, for e.g. strengthened GBV coordination.[61]

37.   Various factors contribute to an overall leadership gap in relation to gender. First, protection remains at the core of the humanitarian response in Nigeria, and prominent in the approach of most organizations. This is also evident in the 2019-2021 HRS that maintains two of its three strategic objectives on protection.[62] Gender is not included as a standing item in HCT discussions and there is no mandated interlocutor for gender within the HCT. Agencies with gender mandates, such as UN Women and UNFPA, have had significant long-term high-level positions remaining vacant for extensive periods. This undermines the capacity of these agencies to carry out mandates related to gender equality and to insert a strong gender voice into HCT considerations. Finally, there is currently an absence of specific gender expertise at the collective level – such as a

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[58] IASC, "Standard Terms of Reference for Humanitarian Country Teams" (2017), https://reliefweb.int/report/world/inter-agency-standing-committee-standard-terms-reference-humanitarian-country-teams.

[59] The ToR and workplans were requested but not shared with the ET and it based on affirmations from KIIs.

[60] UN Women had just established a presence in the North East when the first GenCap was deployed.

[61] The full results of the Call to Action are assessed in 2021. This observation is based on stakeholder observations on relative effectiveness of the two types of modalities – short term deployments versus longer term continuous engagement.

[62] OCHA, "Humanitarian Response Strategy 2019-2021", strategic objectives 1 and 2 (2019).

GenCap Advisor or Permanent Gender Advisor. This undermines the potential for integrating gender at key moments during processes such as needs analysis and response planning for integrating strong commitments on gender. A more permanent gender capacity at the HCT level was clearly indicated as a preference over short-term deployment. The combination of these factors make substantive coordination and collaboration among actors on gender or the promotion of joint gender assessments and analyses challenging.

38. The female-male ratio for staff in the humanitarian response in Nigeria is estimated at 30-70. Accurate data on gender parity are not available as this issue is not monitored at the collective level. Most of the informants recognized that gender parity is an issue across the response mostly due to lack of attention to gender parity when initially staffing the emergency response, which continues in the years to come; cultural norms limiting the qualifications and employment of local female staff, and the overall perception that the NE is a difficult place for women to work due to poor working and housing conditions and security issues.[63] There was evidence gathered of at least two organizations consciously making an effort to redress this, namely WFP and CARE. Examples of efforts include a video to show what the life for a female staff in Nigeria could look like, and human resources specifically reaching out to (qualified) female staff to ensure enough female candidates are there to choose from, and policies and procedures to support gender in recruitment, advancement and retention. In general however, organizations reported difficulties in recruiting female staff, particularly in the North East where capacity, and discriminatory cultural and religious norms further limit opportunities for women.

Capacity development on gender

39. The period 2017–2019 has been characterized by various trainings on gender or with an integrated gender dimension. Examples include training of the GTT members on the Gender with Age Marker and the IASC Gender Handbook, Gender in Humanitarian Action, sessions on gender mainstreaming in relation to the first-year review of the Call to Action in 2019, as well as gender integration in agency- and sector-specific training of partners. With the revamp of the GTT, a new training was organized on the GAM and the IASC Gender Handbook for focal points and senior managers in early 2020.

40. Though numerous, capacity development efforts are not necessarily well coordinated and complementary, and in fact may be duplicative in nature – for example, the efforts undertaken by the various organizations to train the same partners on gender. In general, however, these initiatives have been effective in creating a basic level of awareness about gender issues among humanitarian workers.

41. In line with the commitment made in the Grand Bargain[64] to making humanitarian action as local as possible, important efforts have been made in Nigeria to also ensure the support and engagement of local and national responders. This has included women-led organizations, with the intent to promote their empowerment and increased engagement in humanitarian response in the North East. Examples include the support to the establishment of a network of women-led organizations, first in Yobe and more recently in Borno States;[65] technical support for proposal writing and to access humanitarian funds; financial support to attend the 2019 Oslo Conference; engaging women-led organizations in the leadership of the technical working group established in relation to the dignity kits, and in the establishment and management of safe spaces. Representatives from these groups were appreciative for the support received by

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[63] Similar findings emerged from the Evaluation of the WFP's Corporate (Level 3) Response in Northeast Nigeria (2017-2018).

[64] IASC, "The Grand Bargain, A Shared Commitment to Better Serve People in Need" (2016).

[65] The first network was established under the framework of the Call to Action in Yobe State in 2018, and comprised 40 organizations, while in Borno the network was established in early 2020.

humanitarian organizations but expressed frustrations about lacking a voice in decision-making within local CSO network.

42. Another notable venue for the engagement of women's organizations is the GBV Call to Action, discussed above, which was designed with the active participation of local civil society actors and women-led groups and maintained a focus on strengthening the capacity and expanding the engagement of local partners on GBV, among others. The GBV Sub-Sector has a localization strategy, which focuses on three priorities: 1) Funding; 2) Capacity; and 3) Participation. Under the capacity priority, UNFPA, in partnership with the American University in Yola, Adamawa State, has developed a training and mentorship programme targeting local actors on GBV in emergencies. Localized GBV funding is still relatively small, and data do not provide enough information to reveal how much of this was received by women-led organizations, either in Nigeria or globally.

43. The representatives of women-led organizations who were interviewed also confirmed participation in coordination mechanisms (primarily GBV), having accessed humanitarian funding (mostly through partnership with United Nations agencies), and mentioned receiving some forms of technical support.

Funding for Gender Equality and the Empowerment of Women and Girls in Nigeria

44. Recent years have seen increased attention given to the need to establish dedicated human and financial resources to deliver on gender equality commitments globally, including systems for tracking and reporting on resources across organizations and operations.

45. In the time frame under consideration, funding requests and related allocations for Nigeria declined from USD 1,05 billion in 2017, with about 70 per cent funding received, to USD 848 million in 2019, of which 68 per cent was received as of December 2019.[66] The decline in requests is reportedly a reflection of the enhanced coherence and synergies between humanitarian and development actors sought in the HRS 2019–2021, as well as the assumed increased ownership by the Government of Nigeria, as also demonstrated by the establishment of the Ministry of Humanitarian Affairs in 2019.[67]

46. Within this, data on funding for gender equality and the empowerment of women and girls are not easy to measure, as current mechanisms to track funding do not provide a means to report and monitor funding targeted to women and girls, including lack of data on funding to women's organizations.[68] A recent study on funding for gender equality and the empowerment of women and girls in humanitarian crises analysed the funding flows to women and girls for both 2017 and 2019 in Nigeria. Among the constraints that emerged is that the application of the Gender Marker for Nigeria has been fairly subjective and resulted in data inconsistencies. Moreover, data reported against the gender marker significantly overstated the number of projects, amount of funding requested, and amount of funding received for programmes for women and girls.[69]

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[66] OCHA, FTS, "Nigeria Humanitarian Response Plan" (2019), https://fts.unocha.org/appeals/714/summary.

[67] There is still a lack of clarity as to how this new capacity will relate to NEMA and SEMA (OCHA, "Humanitarian Response Strategy 2019-2021", 2019); Informant 32.

[68] ActionAid, "Funding a localized, women-led approach to protection from Gender-Based Violence: What is the data telling us?" (2019).

[69] Importantly, the GAM is not a financial accounting tool, thus the study looked at the projectized documents reported in OCHA's Financial Tracking Service for Nigeria and the associated IASC Gender Marker and later Gender with Age Marker scores. Other constraints included the following: 1) FTS is voluntary, and while funding requests as per the HRP are all listed, data on funding received are only available if manually updated in the system, and thus some may be missing. 2) Non-HRP funding is not accounted for in the FTS (UN Women, UNFPA, "Funding for Gender Equality and Empowerment of Women and Girls in Humanitarian Crises. Case Study: Nigeria", 2019). Importantly, the study recognizes that the GAM is a process tool and is meant to ensure that gender and age are considered throughout the project design and implementation. The GAM replaced the previous IASC Gender Marker with the 2019 Humanitarian Planning Cycle (HPC).

47. Despite these challenges, findings from the funding study specific to Nigeria indicate that there was an increase in funding requested for programmes for women and girls across sectors[70] from 35 per cent of the total funding requested in 2017 to 57 per cent in 2019. This funding still fell short when compared with the overall funding for the response. In addition, the funding coverage for programmes focusing on women and girls in 2017 was only 57 per cent, which is disproportionately underfunded compared to the overall response funding in Nigeria.[71] The study also acknowledges that local women's organizations are consistently underfunded.[72]

48. Despite Nigeria being one of the two pilot countries for development of field-level Call to Action Road Maps, the funding requested for GBV in 2018 and 2019 totalled only 3.9 per cent and 4.5 per cent respectively. Coverage for GBV was also particularly low, with only 8 per cent and 17.7 per cent of the requested funding received in 2018 and 2019.[73] This is extremely low when compared to the overall funding coverage for the HRPs over the period 2017–2019.[74] In 2018, GBV was by far the least funded in the Nigeria response, followed by the early recovery and livelihoods sectors at 13.3 per cent (see Figure 1 below).[75] While globally OCHA FTS began tracking funding for GBV as a separate sub-cluster area in 2015[76] as per the relevant changes in the humanitarian coordination system, in the case of Nigeria GBV and child protection have been featured separately from protection from the 2018 HRP onwards, following intense advocacy on this by the GBV sub-sector.

49. Overall, most of the informants agreed that the Call to Action was useful in raising the profile of GBV, engaging a wide range of stakeholders under a unique platform, and providing opportunities for advocacy and resource mobilization. Importantly, the GBV funding situation in Nigeria seems to reflect a global trend. Findings from a 2019 study by ActionAid revealed that generally the protection cluster, and even more so the GBV sub-cluster, are significantly underfunded across humanitarian responses worldwide when compared to other cluster areas.[77] Yet GBV-related needs remain high, and enhanced coherence and coordination is needed.

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[70] Importantly, the study considered programmes that both primarily target and significantly focus on women and girls. Also, though specifically focused on funding for women and girls, the findings are said to also apply to the GEEWG at large, as there was little programming on gender equality more broadly.

[71] Data on the funding received for 2019 were not yet available when the case study was drafted.

[72] UN Women, UNFPA, "Funding for Gender Equality and Empowerment of Women and Girls in Humanitarian Crises. Case Study: Nigeria", 2019.

[73] Data reported here are from the HRP in 2018 and 2019, which are also the years covered by the Call to Action, https://fts.unocha.org/appeals/642/summary.

[74] Overall response plan coverage ranged from 70 per cent in 2017 to 68 per cent in both 2018 and 2019.

[75] The Call to Action was officially launched in July 2018.

[76] This info was cited in an ActionAid study: "Funding a localized, women-led approach to protection from Gender-Based Violence: What is the data telling us?" (2019).

[77] ActionAid, "Funding a localized, women-led approach to protection from Gender-Based Violence: What is the data telling us?" (2019). Similar considerations were made in the latest Secretary-General's Report on Women, Peace and Security, document S/2019/800, which illustrates how funding allocate to GBV in emergencies only covers a fraction of the existing needs.

Figure 1: Funding to the GBV Sub-Sector 2018–2019, Humanitarian Response Plans 2018 and 2019

50. Lastly, a few more considerations with regards to the disbursement of USD 1 million from the Nigeria Humanitarian Fund[78] for the procurement of standard dignity kits mentioned above. These kits address the critical dignity and menstrual hygiene needs of 31,000 women and girls of reproductive age in the North East Nigeria response. This however constitutes just one-tenth of the women and girls in need, according to estimates by the GBV sub-sector.[79] An element of sustainability was also added to the initiative by supporting the production of local and culturally appropriate menstrual hygiene materials, such as reusable sanitary pads and soap, as an income-generating activity.[80]

51. Informants referred to the Nigeria Humanitarian Fund (NHF) as particularly strategic in incentivizing financing for gender equality, including through the use of the GAM to track and report the proportion of funding allocated for gender equality programming. Confirmation of this can be found in the 2019 Country-based Pooled Funds dashboard for Nigeria, which indicates that 31 out of 63 funded projects had a GAM of 4 (likely to contribute to both age and gender), and 23 a GAM of 3 (likely to contribute to gender equality, but no attention to age groups). This is a total of 54 projects, meaning 86.6 per cent of the NHF allocations in 2019 were given to projects that include activities that will contribute to gender equality outcomes. There are two important notes of caution in relation to this. One is that the NHF provides just a small contribution to the overall HRP; and the other is to clarify that GAM codes should not be taken as evidence of achievement, as it is the process of going through the GAM that increases the likelihood of gender-responsive programming.

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[78] The Nigeria Humanitarian Fund (NHF) is one of 18 Country-based Pooled Funds mechanisms and was launched at the Oslo Humanitarian Conference on Nigeria and the Lake Chad Region in February 2017. Its focus is on life-saving and multi-sectoral interventions.

[79] The GBV sub-sector estimated 325,000 to be the number of women and girls of reproductive age in displacement settings who cannot afford sanitary/dignity materials and other basic needs (GBV sub-sector, "Key messages: private sector mission", 2019).

[80] IASC, "GenCap End of Mission Report" (2019); GBV sub-sector, "Key messages: private sector mission" (2019).

3.4   Evaluation Question 4: Coordination

To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?

52.   Nigeria has a complex coordination structure, with mechanisms at the federal level managing the relationships with the humanitarian country team, and state structures acting primarily at the operational level and not always mirroring the federal structure. The shift of the operations' management to Maiduguri in 2016 resulted in some duplication and a disconnect between what is happening at the strategic level and operations on the ground. Sectors are only active at the state level under the supervision of an Inter-Sector Working Group and the Operational Humanitarian Country Team. Of particular relevance to this evaluation are the protection sector, the related GBV and child protection sub-sectors, and the health sector in relation to reproductive health. In addition, civil-military coordination, access, and AAP working groups are also present at the state level.[81][82]

53.   A PSEA Network was created in Nigeria in 2017, and it is comprised of agencies' focal points and a PSEA coordinator reporting directly to the HC. At the time of writing, the network was located under the GBV sub-cluster, though it was working as a stand-alone structure with the GBV coordinator as an interim coordinator, while a PSEA coordinator was in the process of being recruited by WFP. The recent development of SOPs on PSEA suggests some good coordinated efforts going on at the moment, which was also confirmed by key informants in Maiduguri.

54.   More specifically on gender, a UN-specific Gender Technical Team was established by the first GenCap advisor in 2018. In its inception report, the second GenCap advisor deployed to Nigeria in late 2018 described it as a fairly weak gender network with limited influence to support effective gender mainstreaming efforts in their respective agencies.[83] The GTT remained dormant for the past year and a half, and was only reactivated very recently.[84] Overall, this translated into a limited role and capacity for the GTT, and no improvement over time. In addition to the GTT, a Gender Development Partners Working Group, co-chaired by Canada and the Ministry of Women's Affairs, has been active in Abuja since late 2018. The group has a wide membership, spanning from the UN to donors to national and international organizations and government structures; it covers gender issues for the whole of Nigeria, across development and humanitarian interventions.

55.   There is evidence of gender mainstreaming across sectors and working groups for example in the inclusion of the differential impact on men and women when deciding about shelters, and latrines. This appears mostly the result of efforts on this made by clusters at the global level. However, there is a disproportionate emphasis on GBV mainstreaming rather than gender mainstreaming as a whole. Reference to gender considerations is reportedly made in training materials and sector-specific toolkits and manuals such as the CCCM GBV site planning guidance and the WASH guidance. What appears to be missing, however, is a clear and structured plan and approach to gender (as distinct from GBV specifically) that everybody is informed about and has subscribed to; as a result, sectors simply apply their tools and understanding to the best of their capacity.

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[81] CE/AAP is meant to support the enhancement of AAP and two-way communication between decision makers, humanitarian actors, and affected populations for the effective and timely delivery of life-saving information (OCHA, "Nigeria Humanitarian Coordination Structure", 2019).
[82] https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/19022019_nga_gov_hum_coordination_structure.pdf
[83] IASC, "GenCap Inception Report" (2018).
[84] The first meeting was reportedly held in February 2020 (Informants 46, 54).

56. Closer collaboration between actors and entities with specific gender expertise is also lacking, undermining opportunities to capitalize on existing efforts and to avoid duplications. More specifically, gaps were indicated in relation to joint assessments, analysis, and programming on gender in the humanitarian response. Questions were also raised in relation to UN Women focusing on women and girls rather than broader gender equality.

57. Another coordination gap was indicated regarding the numerous global initiatives on both gender and gender-based violence piloted in Nigeria. More specifically, concerns were expressed in relation to the wealth of new initiatives launched at the global level in a seemingly unstructured and uncoordinated manner, and without proper consideration for the actual capacity of those on the ground to sustain and maintain these efforts – for example, to follow up on the socialization and uptake of new tools. Hence there is a call for enhanced and more effective linkages and dialogue between different initiatives globally, as well as between global and country-level structures and actors, to better strategize and harness existing resources.

Complementarity on gender

58. Finally, some degree of complementarity was found in relation to the protection sector and the related GBV and the child protection sub-sectors, and in relation to the Call to Action. Relevant complementarities have also been found between AAP and PSEA, and between GBV and PSEA, mainly because they are both under the responsibility of the GBV sub-sector.[85] Complementarity has been at times challenged by competition for resources, including in relation to standby capacity[86] and lack of a venue where opportunities for synergies and complementary efforts could be systematically sought and discussed.

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[85] See paras above on this.

[86] Some tensions were reported in relation to the role and hosting agency of both ProCap and GenCap.

4.   Conclusions

59.   This section draws some conclusive considerations in relation to the evidence gathered in the Nigeria case study. For the sake of brevity and for ease of reference for the global evaluation, conclusions are organized around the three areas of focus: participation, capacity, and gender-responsive programming.

Participation

60.   The study revealed an overall satisfactory degree of consultation and communication with affected communities, and various groups within, in Nigeria, though a more systematic use of information and feedback from the people consulted to better address their needs and preferences would certainly enhance community ownership and accountability. Gaps remain in relation to persons with disabilities and adolescent boys, whose needs and concerns are not systematically and adequately sought and addressed.

61.   Multiple channels for communication, complaints, and feedback have been critical to addressing barriers to inclusion and leaving no one behind in key phases of the response. However, standardization and consolidation of efforts is needed for more effective handling of complaints and feedback, and to avoid duplication of efforts and fatigue on the side of affected populations. Overall preference is for direct and one-on-one interaction, as this yields a feeling of inclusion and self-worth, though frustrations remain about feedback not always and adequately listened to.

Capacity on Gender Equality and the Empowerment of Women and Girls

62.   Human and financial resources are currently not sufficient to deliver on the gender equality commitment. The responsibility for gender is not yet well institutionalized in the humanitarian response in Nigeria, and efforts to define a more strategic approach, i.e. the HCT Gender Strategy, have so far suffered from a general lack of prioritization and leadership. Other findings pointing to a lack of a strong commitment on gender by the leadership include gender parity in staffing not been monitored and acted upon; the absence of efforts to ensure a more permanent capacity at the collective level, and overall limited discussion of gender in HCT meetings.

63.   Mandated agencies have been unable – or unwilling – to lead on gender in the North east for example by not prioritizing the establishment of adequate capacity and staffing, and this resulted in stalled action on gender equality. In addition, shared responsibilities are not necessarily understood and acted upon systematically and in a coordinated manner. This also holds true in relation to capacity building efforts on gender, including the efforts of local partners and women's organizations, which are many and which no doubt lead to useful results. However, they are not well coordinated and therefore efforts risk being duplicated.

64.   On a positive note, efforts on gender mainstreaming made globally across clusters and agencies are paying off at country level and have thus far provided the backbone for gender considerations to be reflected in cluster- and agency-specific actions. Standby capacity on gender has made up for the leadership vacuum, injecting energy and creating opportunities for collaboration, but this needs to be maintained. A more permanent and coordinated capacity, including at the senior decision-making level, is as crucial as it has ever been to ensure adequate attention is given to gender equality throughout the response.

65.   In the absence of a dedicated platform and leadership on gender, the GBV sub-cluster in general (with its Call to Action Road Map in particular) became the default framework for most gender-related work, unifying under a unique umbrella a multiplicity of initiatives. The downside of this, however, has been that most of the work on gender is limited to GBV, with little or no focus on addressing the underlying issues and root causes of gender

inequality. This has important implications for the way GBV is looked at and addressed as prevention, but also on the response. Response can only be effective in the context of a more comprehensive understanding of the unhealthy power dynamics and inequalities that underpin the relationships between men and women in Nigeria. A more profound analysis of such inequalities and their exacerbation in the context of the conflict would therefore be needed for a more transformative impact.

66. Tracking resources and allocations on gender equality and the empowerment of women and girls in humanitarian response is recognized as a gap globally, which has resulted in limited measurability of this in Nigeria and elsewhere. In the absence of mechanisms to systematically monitor funding requests and allocations for gender-equality contributing projects, it is difficult to hold humanitarian actors and donors accountable when it comes to gender equality outcomes. It is also concerning to see that, though protection and GBV issues dominate the crisis in Nigeria, funding for these issues remain relatively poor compared to the overall funding for the response.

67. While the generic ToR for the HC and HCT contains references to gender, at the moment there seems to be no system in Nigeria to assess the HC and HCT performance on gender, and while the 2017 IASC Gender Policy and related Accountability Framework could provide a useful and detailed frame of reference, they are not yet known and used in-country. The same situation applies to diversity and gender parity, to which the humanitarian leadership in Nigeria is currently not committed. This raises questions about the level of socialization and uptake of global initiatives in country operations.

68. Strictly related to the above is the need for more attentive thought and consideration on the actual capacity countries such as Nigeria have to absorb and sustain efforts to implement the constant flow of initiatives on gender and GBV that exist at the global level. This speaks to the need for strengthened coordination, consolidation, and consultation with appropriate national-level actors, as well as, perhaps, the simplification and refocusing of gender-related initiatives globally.

Gender-responsive programming

69. While a basic gender analysis has been found in the most recent needs overview and planning documents in Nigeria, there is certainly room for a more articulated analysis of the differential impact faced by all individuals and the underlying factors of vulnerability in the context analysis of HNOs and HRPs, as well as in the sectoral analysis. There is a commendably consistent collection and reflection of SADD, which will further benefit from a more nuanced analysis of the needs and concerns of persons with disabilities. The ability of the humanitarian community to adequately respond to the needs of men and women of different ages and other diversities is in fact contingent upon the consistency, quality, and coherence of gender analysis, and the use of data disaggregated by sex, age, disability and other relevant diversities. Altogether, this provides the basis for gender mainstreaming across all phases of humanitarian response.

70. Finally, while recognizing that addressing the practical and most pressing needs of women and men of different ages and other diversities is important, a question remains on whether the response brings adequate attention to issues such as the unequal distribution of power and the deeply entrenched gender-based discriminatory norms and attitudes, in order to effectively build and support the resilience and capacities of women and men. Currently, for example, the shift in gender roles that is visible in the context of the Nigeria crisis has mostly resulted in an increased burden of activities on women, which possibly increases their risks, rather than opportunities for more profound change towards greater equality. Efforts need to be made in understanding gender dynamics, roles, and inequalities and their changes over time and in relation to the conflict, as the basis for more targeted programming aimed at building the resilience of all. Similarly, greater diversity with respect to gender among humanitarian staff and at the leadership level would also serve the purpose.

Annexes

Annex 1: List of Persons Interviewed

Surname	Name	Position	Organization	
Abubakar	Auwal	Co-chair of AAP working group	OCHA	UN Agencies
Adekunle	Idris Benjmin	Child Protection Officer	UNICEF	
Balikwisha	Malaika	Senior Protection Officer	UNHCR	
Bappa	Aunar	WASH Officer	UNICEF	
Clark	Miatta Abdullai	Psycho-social support Specialist	UNICEF	
Ekayu	Peter	Deputy Head of Agency	OCHA	
Fuli	Rachel	Head of Nutrition Programme	WFP	
Kallon	Edward	Resident/Humanitarian Coordinator	UN	
Lahai	Victor	Head, Inter-Sector Coordination	OCHA	
Lansana	Wonneh	Deputy Representative	UN Women	
Macauley Sabum	Christian	Head of Office (a.i.)	UNFPA	
Maduekegarba	Ifeoma	Partnership Officer – Gender Focal Point	WFP	
Mohammed	Kwembeh Asammau	Assistant Protection Officer	UNHCR	
Mwale	Nemay	Project Officer Counter Trafficking	IOM	
Nabirye	Brenda	Child Protection & GBV in Emergencies	UNICEF	
Nantera	Brenda	Protection Officer	IOM	
Nfuguna	Antony	GBV Specialist	UNICEF	
Ngusuur Unaegbu	Lilian	Programme Coordinator on Gender and Humanitarian Action	UN Women	
Nyukuri	Abigael	Nutrition Specialist	UNICEF	
Okede	Josephine	Health Officer	UNICEF	
Omuga	Vincent	Head, Coordination and Humanitarian	OCHA	

		Country Team Secretariat		
Onoja	Matthew	Monitoring & Evaluation Specialist	UNFPA	
Ouattara	Alain	Head of Information Management Unit	OCHA	
Outolo	Elizabeth	Communication 4 Development Specialist	UNICEF	
Parchment	Simone	Deputy Country Director	WFP	
Petit	Cedric	Access and Civil Military Coordination	OCHA	
Pink	Patrina	Communications	FAO	
Reblledo	Olga	Mental Health and Psychological support Officer	IOM	
Shafiu	Umar	Gender and Protection Manager	UNICEF	
Swomen	Homsuk	Humanitarian Analyst SRH/Gender	UNFPA	
Ubeysekara	Ruwan	Emergency Programme Coordinator	FAO	
Wosornu	Edem	Head of Office	OCHA	
Yassine	Gaba	Deputy Humanitarian Coordinator	UN	
Chinelo	Amaechina	Project Coordinator	Plan International	INGOs
Friday	Princess	Roving Protection Leader	DRC	
Hajaj	Sihan	Advocacy Manager	MSF	
Hidayat	Anna Suzanna	Humanitarian Team Leader	CARE	
Iredale	Jane	Country Director	CARE	
Macharia	Charles Kimani	Protection Specialist	DRC	
Moussa	Eisha	Gender Equality Focal Point	Save the Children	
Murema	Prestige	Head of Programme Support Unit	IOM	
Ogunjobi	Rosemary	Women Protection and Empowerment Coordinator	IRC	

Pamatheesan	Pams	Programme Operations Manager, Acting Response Team Leader	Save the Children	
Singh	Jonathan	Country Director	ACTED	
Christen	Esther	Humanitarian Advisor	Swiss Development Cooperation- Swiss Embassy	Donor
Conan	Thomas	Head of Office	ECHO	
Grepstad	Mari	First Secretary	Royal Norwegian Embassy	
Jones	Nick	Humanitarian Advisor	DfID	
Price	Sophie	Acting Head of Cooperation	High Commission of Canada	
Tokar	Kevin	Head of Development Cooperation	High Commission of Canada	
Abdullahi	Ali	Director of Planning	SEMA	Government
Hamza Gambo	Falmata	Director	Ministry of Women's Affairs, Borno	
Askira	Fatima	Executive Director	Borno Women Development Initiative (BOWDI)	CSOs
Egwudah	Peter Michael	Programme Coordinator	CISCOPE	
Ladi Clark	Hausa	Executive Director	Life at Best Development Initiative (LABI)	
Ori Donli	Patricia	Coordinator	Gender Equality Peace and Development Center (GEPaDC)	
Rejoice Paul	Abama	Programmes coordinator	Life at Best Development Initiative (LABI)	
Bongomin	Bob	WASH Cluster Coordinator	UN Co-lead (UNICEF)	Sectors
Degla	Brice	CCCM, Shelter, NFI Cluster Coordinator	UN Co-lead (UNHCR)	

Mutiso	Joyce	UN Co-Lead, Child Protection Cluster Coordinator	UN Co-lead (UNICEF)	
Odhiambo	Robert	CCCM, Shelter, NFI Cluster Coordinator	UN Co-lead (IOM)	
Odongkara	Leslie Parker	Deputy Food Security Cluster Coordinator	UN Co-lead (WFP)	
Opinia	Sylvia	GBV Cluster Coordinator	UN Co-lead (UNFPA)	

Annex 2: Bibliography

ActionAid. 2019. Funding a localized, women-led approach to protection from Gender-Based Violence: What is the data telling us?
ALNAP. 2012. Leadership in Action: Leading effectively in humanitarian operations.
CARE. 2018. CARE Rapid Gender and GBV Assessment Borno State.
Comfort Yemisi Afolabi, "The Invisibility of Women's Organizations in Decision Making Process and Governance in Nigeria" (2019).
Community Engagement and Accountability to Affected Population Working Group. 2018. ToR, March 2018
FAO. 2018. Rapid Gender Analysis of Affected Population in Borno, Adamawa, and Yobe States.
GBV sub-sector. 2019. Key messages: private sector mission.
Humanitarian Advisory Group. 2019. Data on Diversity: Humanitarian Leadership under the Spotlight.
HCT. 2018. Community Engagement Strategy for North East Nigeria, June 2018.
HCT. 2019. Complaints and Feedback Mechanism for Nigeria, July 2019. - Draft for Internal circulation only –
IASC. 2016. The Grand Bargain - A Shared Commitment to Better Serve People in Need.
IASC. 2017. Standard Terms of Reference for Humanitarian Country Teams, February 2017.
IASC. 2018. GenCap Inception Report.
IASC. 2019. GAM Results Nigeria, FTS Projects.
IASC. 2019. GenCap End of Mission Report, April 2019.
IASC. 2019. GenCap sub-sector key messages: private sector mission, June 2019.
IASC. 2019. Protection from Sexual Exploitation and Abuse by Humanitarian Personnel in Nigeria. Standard Operating Procedures.
IMF. 2018. Country Report Nigeria.
IOM. 2019. DTM Nigeria, November 2019.
NHF. 2019. Allocation Strategy Paper 2019.
OCHA. 2016. Humanitarian Response Plan 2017.
OCHA. 2017. Humanitarian Response Plan 2018.
OCHA. 2017. Humanitarian Needs Overview.
OCHA. 2018. Humanitarian Needs Overview.
OCHA. 2019. Humanitarian Needs Overview.
OCHA. 2019. Humanitarian Response Strategy 2019-2021.
OCHA. 2019. Nigeria Humanitarian Coordination Structure, February 2019.
OCHA. FTS. 2018. Nigeria Humanitarian Response Plan.
OCHA. FTS. 2019. Nigeria Humanitarian Response Plan.
OCHA. 2020. Nigeria Humanitarian Response Plan.
Anusanthee Pillay. 2018. Harnessing Gender Transformative Opportunities within Humanitarian Crises. ACCORD.
PCNI. 2016. The Bhari Plan, Volume I.
Reach. 2019. AAP 2019 Report – DRAFT Key Findings and Recommendations.
Reach. 2019. Multi-Sector Needs Assessment. Nigeria.
UN Secretary General. 2019. Report on Women, Peace and Security. S/2019/800.
Un Women. 2019. Corporate Thematic Evaluation of UN Women's Contribution to Humanitarian Action.

UN Women. 2018. Turning Promising into Action. Gender Equality in the 2030 Agenda.

UN Women. UNFPA. 2019. Funding for Gender Equality and Empowerment of Women and Girls in Humanitarian Crises. Case Study: Nigeria.

UNDP. 2019. Human Development Report.

UNICEF. 2018. Safety Audits – A How to Guide.

World Economic Forum. 2019. 5 facts to know about Africa's powerhouse, Nigeria, August 2019.

World Economic Forum. 2020. Global Gender Gap Report 2020.

WFP. 2019. Emergency Food Security Assessment (EFSA) in Borno, Adamawa and Yobe States of Nigeria.

WFP. 2019. WFP's Corporate (Level 3) Response in Northeast Nigeria (2017-2018).

Annex 3: Evidence Table Matrix[1]

	Indicators	Observations		
RELEVANCE				
EQ1: To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men and boys?				
1.1 To what extent do women, girls, men and boys participate in the design and delivery of humanitarian responses?	▪ Evidence of collection and use of SADD to inform programmes; ▪ Evidence of gender analysis (GA) informing programmes; ▪ Evidence of programme adjustments being made according to the results of SADD and GA; ▪ Evidence of engagement with diverse populations groups* in joint needs assessments; ▪ Evidence of engagement with diverse populations groups in agency-specific needs assessments; ▪ Evidence of engagement with diverse populations groups in monitoring activities, both collective and agency-specific	- Evidence of SADD in Nigeria HNOs and HRPs as per the global requirement and template - Multi-sectoral needs assessments (MSNA) include SADD, and disaggregation by physical and mental health, unaccompanied and separated children, PLW. Informants reported it is done in an inclusive and participatory manner, but perhaps not used to its full potential. There seem to be some lack of coherence and coordination between MSNA and the HNO and HRP processes, different people and different moment in time - No reference by informants to any joint gender analysis - Evidence of gender analysis by CARE and FAO - Agencies reported talking to men and women separately, while adolescents girls and boys are 'by default' included depending on the nature of the activities, for e.g. pregnant and lactating women (nutrition) and GBV in relation to early marriage/early pregnancies - Evidence of consultations happening across the board by all actors and with various population groups. - Persons with disabilities find engagement difficult due to mobility issues (FGD) - Persons with disabilities' needs not systematically taken into account (see WASH, and FGDs in Maiduguri) - Evidence of women less able to participate meaningfully in mixed groups (food management committees) - Reference to monitoring integrating gender, age, and protection lenses in the 2018 HRP		
1.2 To what extent do women, girls, men and boys have access to and benefit from accountability mechanisms?	▪ Evidence of efforts to establish process for feedback and complaints for all population groups; ▪ Evidence of all relevant population groups being informed about accountability mechanisms; ▪ Evidence of accountability mechanisms being accessible to all population groups; ▪ Evidence of accountability mechanisms being used by all population groups;	- Efforts by all actors to gather feedback and complaints from various groups among the affected population - Evidence of multiple mechanisms for channelling complaints and feedback (complaint desks, voice recorder, hotline, suggestion boxes, etc.) established and functioning, and awareness of them by all groups among the population - Efforts to coordinate and consolidate procedures and mechanisms including through a Accountability to Affected Population/Community Engagement Working Group (AAP/CE – WG) a HCT strategy (2018), and a draft proposal for consolidating processes and procedures. Challenges remain in relation to lack of information sharing by organization (also due to the sensitivity of some of the complaints) and fragmentation - Evidence of operational/technical issues generally being addressed - Different channels used by different population groups on the basis of capacities (literacy level, mobility, access		

	▪ Evidence of feedback from all relevant population groups being used to inform programmes; ▪ Evidence of feedback loop with affected populations being established; ▪ Evidence of coordination efforts on accountability to affected population (AAP); ▪ Evidence of capacity of staff and organization to manage accountability mechanisms, including on sensitive issues (e.g. SEA, GBV, etc.); ▪ Evidence of action by senior decision makers on the information received; ▪ Evidence of all relevant population groups' satisfaction with accountability mechanisms	and ability to use devices such as phone); and preferences (one-on-one interaction vs. anonymity and privacy) - Evidence of effort on PSEA: inter-agency coordinator in the process of being recruited by WFP, SOPs developed - GBV guidance material and activities on AAP for GBV - No mention of mechanism for escalation to senior managers. Yet, limited coordination and consolidation seem a major impediment - One example of action taken at the highest leadership level is the distribution of menstrual kits in 2019 (NHF-reports) - Overall satisfaction among all population groups about multiple channels, though preference is for one-on-one/face-to-face interaction (FGD) - Frustrations among the affected populations on feedback not provided to them (feedback loop); and actions not always/not adequately being taken (FGD). Female respondents slightly more satisfied as they are given more chances for support and voicing out, for e.g. psychosocial counselling, safe spaces, etc. (FGD) - Information sharing mostly through traditional community structures, with FHH and persons with disabilities left behind (FGD) as compared to the others due to lack of a male relative, and limited mobility		
1.3 To what extent are different means to foster participation effective?	▪ Evidence of consultations being held with diverse population groups across the phases of the programme cycle; ▪ Evidence of efforts to define (multiple/different) ways of engaging with diverse population groups inclusive of their capacities and constraints; ▪ Evidence of an ongoing dialogue/relationship being established with all relevant population groups; ▪ Evidence of population groups' preferences in relation to participation (how, when, how often, etc.) being gathered and taken into account; ▪ Evidence of population groups' safety in relation to participation being taken into account; ▪ Evidence of beneficiaries' satisfaction with the ways and level of engagement	- Evidence of regular consultations with different population groups during assessment and monitoring. Less so with persons with disabilities due to mobility issues - Persons with disabilities' needs not systematically taken into account (see WASH, and FGDs in Maiduguri) - Evidence of multiple mechanisms for channelling complaints and feedback (complaint desks, voice recorder, hotline, suggestion boxes, etc.) established and functioning, and awareness of them by all groups among the population - Different channels used by different populations groups depending on the issue (for e.g. voice recorder allows more privacy), capacity (e.g. literacy level, phone ownership, mobility), and preference - Efforts made to engage with communities hampered by using existing power/governance structures of the community leaders (Bullama). Direct engagement preferred over filtering by community leadership in Borno, and one-on-one interaction over hotlines, voice recorder, or suggestion boxes) - Frustrations among the affected populations on feedback not provided to them (feedback loop); and actions not always/not adequately being taken (FGD). Female respondents slightly more satisfied as they are given more chances for support and voicing out, for e.g. psychosocial counselling, safe spaces, etc. (FGD) - People being asked about their preferred complaint and feedback mechanism - Safety audit conducted by UNICEF across all sectors - Evidence of overall satisfaction about the level of engagement, but expressed FGDs fatigue		

1.4 To what extent different capacities on gender (collective, organizational, individual) contribute to ensuring responses are tailored to the needs, capacities, and vulnerabilities of all?	▪ Evidence of gender expertise being used in the design and delivery of humanitarian response; ▪ Evidence of commitments to gender equality within strategic planning; ▪ Evidence of SADD and gender analysis across programmes; ▪ Evidence of financial and other resources clearly allocated to addressing gender issues; ▪ Evidence of gender mainstreaming across clusters/sectors/working groups; ▪ Evidence of gender in HC/senior managers performance review; ▪ Evidence of efforts to build/strengthen capacity on gender; ▪ Evidence of a dedicated coordination mechanism (e.g. Gender Reference Group) on gender being established and functioning; ▪ Evidence of beneficiaries' perceptions on the adequacy and relevance of the response; ▪ Evidence of dedicated gender expertise across IASC members ▪ Evidence of social norms and gender relations amongst staff	- Gender focal points across all agencies - Deployment of two GenCaps (2017-2018) and 1 ProCap; 1 REGA; 1 UNFPA GBV roving specialist; and 1 NORCAP specifically for FAO - HCT Gender strategy endorsed in 2018, but not operationalized and not known by most of the informants - Evidence of some references to gender issues in HRPs and HNOs - Gender considerations mainstreamed in the Call to Action and Centrality of Protection Strategy - Evidence of SADD in Nigeria HNOs and HRPs as per the global requirement and template; and limited gender analysis - Evidence of limited funding allocated to gender and primarily falling under GBV sector and Health in relation to SRH and clinical management of rape (FTS, HRP, GAM, and financial study Nigeria). NHF 1 million allocation to hygiene kits - Efforts to build capacity of various actors on gender visible across agencies and sectors, no evidence of coordination, strategic thinking, and leadership on this, GenCap report - A Gender Technical Team (GTT) established by the first GenCap, dormant for about a year and recently re-activated by UN Women (Feb 2020). Some informants reported limited participation by humanitarian actors (UNCEF. UNHCR, WFP, etc.) - Evidence of roles and responsibilities vis-à-vis gender spelled out: e.g. IASC Gender Policy Accountability Framework; HC&HCT ToR (Document review) - Evidence of awareness of gender issues across sectors (e.g. WASH: lighting, privacy, handle for pregnant and lactating women for using latrines; CCCM GBV site planning guidance, etc.) mostly as a result of integration of gender in sector-specific global guidance and tools - Account of an upcoming UNCT-SWAP Gender Equality Scorecard exercise to assess UNCT performance on gender, first time this is done in Nigeria, all-encompassing UNCT&HCT, UN-only - Gender in the performance appraisal system for HCs to be checked - Needs not sufficiently being addressed in Borno, frustrations about suspension of assistance in Adamawa. 'rumour' about humanitarians disrupting family ties and cultural practices, reference made to a supposed increase in the requests for divorce rate and abortions - Overall understanding that more balance in staffing would be required and support for positive measures to reach to more female candidates - IOM better than other organization on gender dynamics among staff, and duty of care, the only one that have a permanent counsellor in Nigeria		
COHERENCE				
EQ2: How consistently are existing system-wide policies, programme guidance and tools on gender implemented among IASC members?				
2.1 To what extent are roles and responsibilities (as per the IASC Gender Policy) fulfilled by IASC actors?	▪ Evidence of existing system-wide policies, guidance and tools being promoted and rolled-out at both global and field levels; ▪ Evidence of existing system-wide policies, guidance and tools being referenced in key IASC documents; ▪ Evidence of use of existing system-wide	- Nigeria has been ground for the piloting and implementation of a wide array of initiatives on gender and gender-based violence, yet informants expressed some fatigue and call for better coordination at the global level, and conversation among the different initiatives and guidance and tools, to better strategize, and use resources **Guidance and tools on <u>GBV</u> referred to by the informants include:** - Call to Action piloted in Nigeria (and DRC) - Primero case management tool piloted under the revised Call to Action (Swiss support) - GBV Minimum standards, IASC GBV Guidelines, and GBV in Emergency Coordination Handbook rolled-out		

	policies, guidance and tools by IASC members at both global and field levels	- Clinical management of Rape protocol (Health Cluster?? – tool not specifically mentioned though the activity and the focus were mentioned) **Guidance and tools on <u>Gender</u> referred to by the informants include:** - Gender Handbook and GAM (at times) - No reference to the IASC Gender Policy and related accountability framework - Various references to agency-specific gender policies, tools, and guidelines **Guidance and tools on <u>Protection</u> referred to by the informants include:** - Centrality of Protection approach **Guidance and tools on <u>AAP</u> referred to by the informants include** - The 2017 IASC commitment on Accountability to Affected People and Protection from Sexual Exploitation and Abuse used as the basis for both the HCT Community Engagement Strategy and Action Plan for North East Nigeria (2018-2020) and the draft Consolidated Complaints and Feedback Mechanism for Nigeria **PSEA** - Inter-agency Complaint Intake and Referral Form and Inter-Agency SOPs developed following a training by IOM on PSEA Focal Persons on Inter Agency Coordination of Community Based Complaints Mechanisms		
2.2 To what extent is humanitarian leadership at both global and country levels contributing to a coherent and consistent approach to GEEWG in humanitarian response?	▪ Evidence of high-level efforts and commitment to institutionalizing and enforcing a GEEWG approach in humanitarian action; ▪ Evidence of efforts by leadership to promote dissemination and use of existing system-wide policies, guidance and tools on GEEWG across humanitarian crises; ▪ Evidence of efforts by leadership to keep issues of gender, age, sexual orientation, and other social categories as relevant to the context and the crises at the forefront of the response; ▪ Evidence of diversity among leaders as conducive to a more inclusive and participatory humanitarian response; ▪ Evidence of leadership striving towards social change and greater gender justice within and through humanitarian response; ▪ Evidence of efforts by the leadership and governance mechanisms to ensure engagement with and accountability to all relevant population groups	**HCT and HC-endorsed efforts (institutionalization)** - HCT Gender Equality in Humanitarian Action Mainstreaming Strategy - The Call to Action on Protection from GBV in Emergencies – A Road Map for Action in Northeast Nigeria (2018-2019) - Centrality of Protection Strategy Nigeria (2017) - HCT Community Engagement Strategy and Action Plan for North East Nigeria (2018-2020) - In the 2018 HRP, under strategic objective 2: *The HCT will ensure that gender equality is integrated throughout the humanitarian programme cycle to ensure that the response addresses the differentiated needs, capacities and threats faced by women, girls as well as boys and men* - Inter-Agency Complaint Intake and Referral Form and Inter-Agency SOPs on PSEA - USD 1 million allocation from the Nigerian Humanitarian Fund for hygiene kits - Deployments of two GenCaps and 1 ProCap, and another GenCap/ProCap on the way (2020) - Global tools mostly rolled-out by GenCaps, the Regional Emergency GBV Advisor (REGA), UNFPA-specific GBV roving specialist - At the leadership level, informants agreed that gender is more often a talking point, rather than an action point - Evidence of a general lack of (sex) diversity among the HCT members and none at the highest leadership level. Gender parity in staffing is said to be an issues across the board with very few attempts to redress it by WFP, and CARE - Despite the 2018 AAP Strategy endorsed by the HCT, AAP is said to be lagging behind both in terms of strategic thinking and action. An example of this is the long-standing issue of lack of coordination and consolidation of the multiple CFMs		

2.3 To what extent have existing system-wide	▪ Evidence of existing policies, programme guidance and tools being consistently referred to/used across training by IASC	- Evidence of reference/reliance on global tools and guidance for:
		    o GBV in Emergencies
		    o GBV in site planning		

policies, programme guidance and tools on gender been consistently used to build the capacity of the IASC members to respond?	members; • Evidence of aid workers' knowledge and use of existing policies, programme guidance and tools; • Evidence of IASC members' staff perceptions of increased capacity on GEEWG resulting from awareness of and training on existing system-wide policies, programme guidance and tools	o Gender in humanitarian action o Gender and protection mainstreaming - Mostly reliance on agency-specific policies and tools on gender for agency-led training, for e.g. training of partners, or on already existing sector-specific tools that integrate gender considerations, for e.g. GBV in site planning, and WASH - Evidence of awareness of basic gender considerations among informants and of staff in general as a results of training		
2.4 To what extent are humanitarian programmes aligned to existing policies and tools on gender equality and the empowerment of women and girls?	• Evidence of humanitarian response plans and programmes (collective, for e.g. the HRP, and of individual IASC members) referencing existing system-wide policies, programme guidance and tools on GEEWG; • Evidence of humanitarian response plans and programmes (collective, for e.g. the HRP, and of individual IASC members) being built on, and making use of existing policies, guidance and tools	- Extensive reference to the use of GAM - Evidence of inclusion of representative from the affected populations in the HNO workshop in 2019 - Evidence of consistent use of SADD - Evidence of other diversity factors considered in the multi-sectoral needs assessment in 2018 and 2019: pregnant and lactating women, unaccompanied and orphaned children, persons with disabilities, chronically ill or disable individual; separated or unaccompanied child; high-age dependency ration; and female-headed household - Elements of gender analysis in HNOs and HRPs - Reference to Call to Action		

EFFECTIVENESS

EQ3: How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?

3.1 To what extent are roles and responsibilities (as per the IASC Gender Policy) fulfilled by IASC actors?	• Evidence of enabling factors and challenges in performing the responsibilities assigned to them as per the IASC Policy and related Accountability Framework; • Evidence of IASC members including at least one high/level result on GEEWG in their main strategic document and reporting; • Evidence of gender results in IASC members' performance review system; • Evidence of actions and commitment by the IASC leadership	- Challenges include the lack of knowledge/reference to the IASC policy on gender and related accountability framework - No reference to the IASC Gender Policy in the 2017 Standard Terms for Humanitarian Country Teams, only reference to the need to integrate cross-cutting issues, including gender - Two out of three HRS 2019-2021 priorities are on protection: 2. Enhance timely, unhindered and equitable access to multi-sector assistance and protection interventions through principled humanitarian action; 3. Strengthen the resilience of affected populations, promote early recovery and voluntary and safe durable solutions to displacement and support social cohesion. - Specific reference to the HCT commitment to integrate a gender equality in the humanitarian programming cycle (HPC) under strategic objective 2: *assistance will promote the protection, safety and dignity of affected people, and be provided equitably to women, girls, men and boys* of the 2018 HRP. - Evidence of results on gender in Nigeria in the 2018 IASC Accountability Framework Report. - On actions by the leadership on gender see 2.2 above		
3.2 To what extent have the existing	• Evidence of enabling factors and challenges in the effective use of existing policies, guidance	- Challenges include the lack of knowledge/reference to the IASC policy on gender and related accountability framework; lack of dedicated expertise on gender at the HCT level; and lack of consistent leadership and		

| policies, guidance and tools been effective in ensuring capacities on gender equality and the empowerment of women and girls are built? | and tools;
• Evidence of ongoing gender training at all levels being made mandatory for all IASC members;
• Evidence of entity-wide assessment of capacity on gender of all relevant entity staff carried out by IASC members;
• Evidence of all relevant population groups' perceptions on the effectiveness of the response;
• Evidence of use and referencing of existing material in training, project documents, advocacy material, and so on;
• Evidence of harmonized, coherent approach by all IASC members on gender in policies and programmatic documents and tools;
• Evidence of efforts to engaging with and strengthening national and women's organizations in the response; | coordination on gender
- Enablers include the dedicated gender expertise (GenCaps), particularly in relation to the GAM and the Gender Handbook
- Evidence of GBV tools and guidance being socialized and continuous ongoing support on this by the Regional Emergency GBV Advisor deployed in relation to the Call to Action Road Map in 2018
- Some reference made to Gender Handbook and GAM, though for the majority reference is mostly to agency-specific/sector-specific gender policies and tools.
- No evidence of gender training being mandatory in Nigeria (not prescribed by the IASC Gender Policy).
- Evidence of gender being integrated in agency-specific and sector-specific training of partners
- UNICEF undertaking Safety Audit for all sectors. Findings currently under discussion with each sector and not available, but at least evidence that assessment of GBV risks is taking place.
- No evidence of assessment of capacity on gender. Now UNCT-SWAP Gender Equality Scorecard for the first time in Nigeria.
- For population groups perceptions of effectiveness view EQ 1 above.
- For the majority reference is to agency-specific and sector-specific policies and tools on gender (analyis of gender guidance and policy in global cluster docs for the global evaluation)
- Consistent use of SADD and GAM
- National/local organizations engaged in the response, e.g. GBV safe spaces, but also support for the establishment of women-led organizations networks, and to build the capacity of NGOs to write proposals and access NHF by OCHA.
- Support to local organizations to participate in international conferences (Nairobi mentioned); support to the creation of NANGO (RC specifically supported this) organising national/local organizations to be coordinated- not specific to gender orgs but has implications e.g. to source funding
- Evidence of trainings on gender also targeted to national organizations | | |
| 3.3 To what extent have the existing processes and structures (ToC Platform for Action) been effective in ensuring capacities on gender equality and the empowerment of women and girls are built? | • Evidence of enabling factors and challenges in the establishment and effectiveness of processes and structures on gender;
• Evidence of strategic response planning processes and tools with an integrated gender component;
• Evidence of coordination efforts and mechanisms with an integrated gender component;
• Evidence of partnership and capacity development efforts with an integrated gender component;
• Evidence of consultations and inclusion of national and local women rights and women-led organizations in preparedness and response efforts; | - Challenges include intermittent capacity on gender (GenCaps), which resulted in gender efforts not sustained and maintained, including the GTT; lack of clear leadership and strategic planning on gender with UN Women initially absent in terms of humanitarian response, and even once established capacity remained limited
- GBV and Protection championed and by default entry point for gender responsive considerations.
- HRP has mandatory use of SADD
- Possibility of disaggregated funding envelopes for GBV and child protection in the FTS since 2018, before all lumped under protection
- Difficult to track funding on gender, besides GBV requests and allocations, though evidence of activities contributing to gender equality outcomes (see findings from the financing for gender equality case study for Nigeria)
- Little if any coordination on gender besides the Gender Development Partners led by CIDA and the Ministry of Women's Affairs, which however is not specific to the humanitarian response in the NE, and the GTT, which has been inactive for some time and not that much known
- GBV efforts coordinated through the Call to Action, training mentioned above- although not well funded (to be checked) (Funding analysis provided)
- PSEA Framework and newly developed SOPs suggest coordinated effort in this regard | | |

	▪ Evidence of funding for capacity strengthening of women-rights and women-led organizations; ▪ Evidence of humanitarian funding accessed by women rights and women-led organizations	- Localization strategy under the Call to Action has funding as one priorities together with capacity and participation - Women-led organizations reported participation in coordination mechanisms, accessing humanitarian funding through partnership with UN agencies, and training and technical support to access funding under the NHF and for the development of proposal by OCHA. - Most informants report gender training incorporated into partner training-training is mandatory as part of contractual obligation.		
3.4 To what extent is the work to advance gender equality adequately resourced through funding and staffing?	▪ Evidence of enabling factors and challenges in the establishment and effectiveness of processes and structures related to funding and staffing; ▪ Evidence of adequate human and financial resources being allocated to gender-related activities; ▪ Evidence of the right staffing profile in place to deliver on gender issues	- Dedicated gender expertise at the collective level intermittent- currently over a year without a centralised gender capacity- except in the form of GBV specialist. GenCap present prior to this and a GenCap/ProCap scoping mission upcoming to assess priorities in view of a new GenCap/ProCap deployment planned for April - Various informants agreed given the nature of the crisis a more permanent capacity on gender would make sense rather than short term GenCap solutions - No awareness among informants of the upcoming GenCap scoping mission - GTT coordination structure has been in place but inactive, mostly due to lack of leadership (UN Women) and dedicated capacity on gender (for e.g. GenCap) - Gender Development Partners in place and co-chaired by CIDA and the Ministry of Women's Affairs, not UN specific, open to all actors, not specific to humanitarian issues - Organizations reported difficulties in recruitment of female staff. Informants suggest that recruitment of women difficult in general in Nigeria and even more so in Borno where capacity (education levels are low) and cultural and religious norms limit the employment of women. Evidence of specific efforts on this by CARE and WFP. - No overview on gender parity available for the humanitarian response in Nigeria - Funding has not been adequate for gender targeted efforts (data on funding for GBV and SRH could be used as a proxy, also analysis of the Call to Action) - Evidence of gender integrated in sectors' activities, though difficult to quantify		
3.5 To what extent are IASC efforts contributing to making humanitarian programmes gender-responsive?	▪ Evidence of inclusive and participatory humanitarian planning and outcomes; ▪ Evidence of GAM being used consistently by all IASC members; ▪ Evidence of programmes with a GAM codes 3-4; ▪ Evidence of programmatic objectives on GEEWG being met by IASC actors; ▪ Evidence of activities tailored to the needs, power dynamics, and roles of relevant population groups	- Inclusive and participatory needs assessment MSNA for both 2018 and 2019, though questions about its alignment and integration in the HNO and HRPs - Safety Audits by UNICEF across all sectors - Extensive reference to the use of GAM across informants. Actual number of projects using GAM to be checked in the GAM reports (2019 and 2020) and financing for gender equality study - Gender integrated in sectors, without specific gender objectives and indicators, only GBV and SRH are targeted interventions as are some nutrition activities- need to get reporting data on this. - Evidence of tailoring efforts to meet the needs of women and girls however gaps still persist for persons with disability in relation to both information-sharing, which also applies to FHH and consultations, and adolescent boys (FGD)		
COORDINATION				
EQ4: To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?				
4.1 To what extent are roles and	▪ Evidence of enabling factors and challenges in ensuring coordination and complementarity;	- Challenges include: o lack of dedicated and continuous attention and capacity on gender, stop-start provision of GenCap,		

responsibilities (as per the IASC Gender Policy) by IASC actors contributing to ensuring coordination and complementarity?	▪ Evidence of IASC members and leaders communicating and championing gender equality and the empowerment of women and girls at all levels and vis-à-vis all actors;
	▪ Evidence of gender analysis or gender specific outcomes in Principals' decisions;
	▪ Evidence of IASC members encouraging ownership of and coordinated action on GEEWG in humanitarian response;
	▪ Evidence of IASC members actively participating in inter-agency coordination mechanisms on GEEWG;
	▪ Evidence of complementarity in gender responsive programming
		which results in initiatives being taken but no capacity to maintain and sustain;
		  o UN Women lacking the capacity to lead on gender; similarly UNFPA that remained without a country rep for nearly two years
		  o Collective responsibility is not necessarily taken with agencies raising issues of mandate and the need for accountability based on mandate. Limited capacity of gender-mandated agencies to provide leadership, and steer work on gender
		  o Lack of information sharing and collaborative spirit among agencies inhibiting coordination on AAP
		  o Lack of functional coordination mechanism on gender (GTT inactive)
		- Enablers include:
		  o The Gender Partners for Development (Abuja) and the GBV sub-cluster (Maiduguri)
		  o Opportunities for discussing some gender issues at the HCT level
		  o Last year commitment of 1 million NHF funding for Menstrual Hygiene initiative by the HC decision/prioritisation
		  o GenCaps and ProCap useful to raise visibility of gender and protection, and call for collective action and responsibility
		  o Efforts to ensure coordination made, see establishment of the GTT, but no effort to maintain and sustain
		- Gender mainstreaming across clusters, but not necessarily in a structured and coordinated manner. Responsibility for gender analysis and programming left at the capacity and discretion of cluster leads
		- Active and wide participation in the GBV sub-cluster; participation in the Gender Partners for Development
		- Some evidence of complementarity and coordination in programming demonstrated in the Call to Action on GBV		

4.2 To what extent is gender responsive humanitarian programming by IASC members coordinated and complementary?	▪ Evidence of enabling factors and challenges in ensuring coordinated and complementary gender-responsive programming; ▪ Evidence of gender in humanitarian action capacity at the decision-making level at both global and field levels; ▪ Evidence of establishment of and consultation with gender capacity at the field level to support analysis and decision-making; ▪ Evidence of coordination processes and mechanisms (clusters, and others) consistently integrating gender; ▪ Evidence of initial joint rapid assessments with an integrated gender component; ▪ Evidence of joint needs assessments with an integrated gender component; ▪ Evidence of gender integration in humanitarian needs overviews and response plans;	- Complementarity challenged by competition for resources (including standby capacity) and lack of overall coordination structure for gender related issues and of leadership - Coordinated effort through Call to Action on GBV relatively successful- activities placed under five strategic objectives, brought a common approach to addressing GBV - Some informants reported initial friction between Call to Action and the work of the GBV sub-cluster, also cause a person was deployed at the regional level to work specifically on the development of the call to action - 2 x GenCap deployments- gave boost to gender- however some evidence suggests that the focus was at strategic level, rather than operational and vice-versa (see for example the ProCap) - intermittent nature of deployments and limited of capacity to sustain and maintain has meant that efforts fell through the cracks e.g. gender strategy, and the GTT - Similarly, evidence of a disconnect between OiCT and HCT, and the feeling of lack of inclusion and participation is probably more systematic than just at the level of strategy development - Quite a few informants suggested that UN Women and UNFPA are not fit for purpose when it comes to gender, ad less so if considering UN Women's capacity in humanitarian response. Others also questioned UN Women's primary focus on women and girls within the concept of gender, which is more encompassing - Clusters demonstrated integrating gender into their analysis and programming, mostly thanks to mainstreaming efforts at global level trickling down at country level. - Some evidence of gender analysis in HNOs and HRPs, and consistent use of SADD, while disability only recently referenced in HRP, nut no data presented; other diversity factors included in the MSNA		

	▪ Evidence of efforts to explore and leverage synergies on GEEWG (for e.g. meetings, roundtable discussion, and so on); ▪ Evidence of gender expertise and capacity (GenCap, Gender Specialist, Gender working group, etc.) available at the HCT level	- Evidence of gender analysis by CARE and FAO (these are not joint, nor referred to as collective efforts, i.e. not recalled by other actors) - MSNA 2018 and 2019 included SADD and analysis, however issues as to timing, linkages and how this feeds into the HNO and HRP development process. In general, unless primary data is collected (e.g. REACH and OCHA lead MSNA, SADD is based on available secondary data estimates) - Events and campaigns such as the 16 days provides the opportunity to create some momentum around gender - UNICEF conducting Safety Audit to assess GBV risks across all sectors		
4.3 To what extent is coordination contributing to gender-responsive humanitarian programming by IASC members?	▪ Evidence of improved complementarity across IASC members on GEEWG; ▪ Evidence of improved consistency in the analysis of the needs, power dynamics, and roles of relevant population groups among IASC members; ▪ Evidence of gender mainstreaming across clusters and other coordination mechanisms and processes	- GBV call to action demonstrates complementarity of efforts by IASC members on GBV, however this is not the case in CFM where little coordination and hence complementarity exists - Capacity development efforts while they exist are not necessarily complementary and in fact may be duplicative in nature. e.g. the trainings undertaken by the various organizations to their partners and in their sector of intervention (likely the same for multiple agencies) - No coherent overall analysis across IASC members however the building blocks for such an analysis are present- through the MSNA, organizations individual assessments and analysis as well as the CFM data which are not currently used to inform collective analysis - Gender mainstreaming is evident across sectors- examples include CCCM, the nutrition sector, Food Security/livelihoods, WASH, etc..- gap in terms of addressing male adolescent needs and persons with disability.		