

INTERSECTIONAL GENDER ANALYSIS TOOLKIT

TO GUIDE THE MAINSTREAMING
OF AN INTERSECTIONAL GENDER PERSPECTIVE
ACROSS PROGRAMMATIC AND GENERAL ANALYSES

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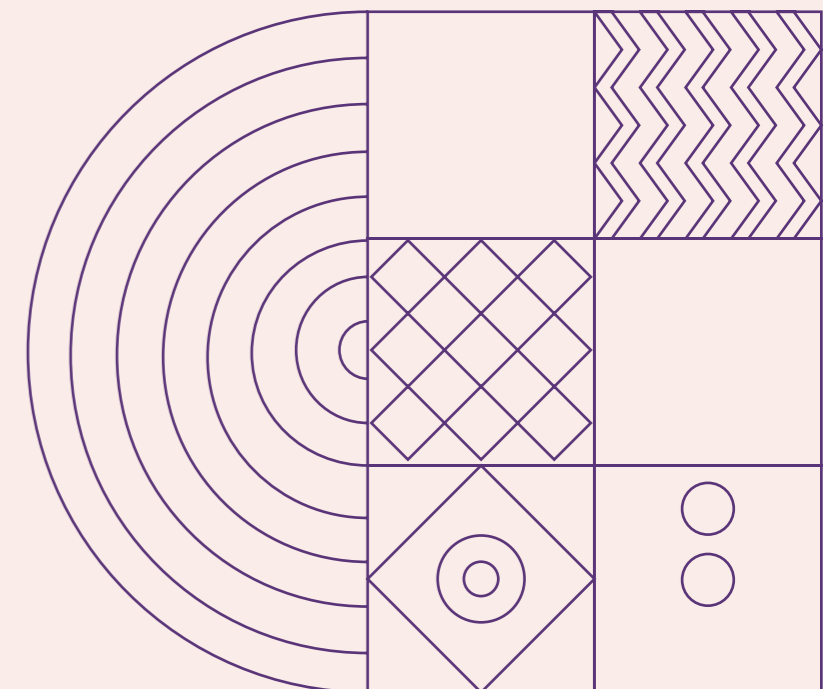
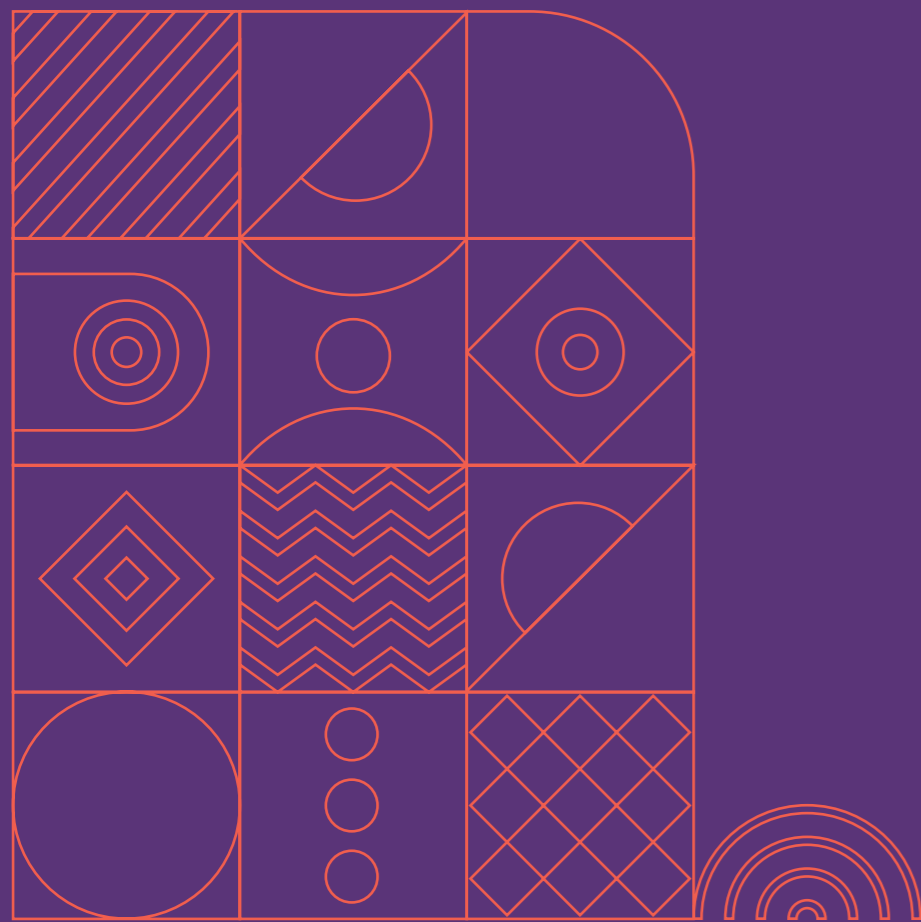


Ministry of Foreign Affairs of the
Netherlands



Acknowledgements

The Intersectional Gender Analysis Toolkit was developed for ABAAD MENA by Ms. Atria Mier, Ms. Rim Trad, and Ms. Ann-Katrina Bregovic from ARQAAM, and reviewed by Ms. Ghida Anani, ABAAD Founder and Director, Ms. Jane Kato-Wallace, ABAAD Gender Advisor; Ms. Rana Rahal, ABAAD Director of Programs; and Mr. Jean Paul Al Kara ABAAD MEL coordinator. This Toolkit was produced with the support of the Ministry of Foreign Affairs of the Netherlands under the Strengthening Civil Courage project. © All rights reserved to ABAAD 2025



About ABAAD

ABAAD is a non-profit, non-politically affiliated, non-religious civil association that aims to achieve gender equality as an essential condition to sustainable social and economic development in the MENA region. ABAAD seeks to promote women's equality and participation through policy development, legal reform, gender mainstreaming, engaging men, eliminating discrimination, and advancing and empowering women to participate effectively and fully in their communities. ABAAD also seeks to support and collaborate with civil society organizations that are involved in gender equality programs and advocacy campaigns.

About Strengthening Civil Courage

Funded by the Dutch Ministry of Foreign Affairs, the 'Strengthening Civil Courage' (SCC) alliance is formed by ABAAD, Amnesty International Netherlands, DefendDefenders and PAX. Active in countries in Sub-Saharan Africa and the Middle East, the alliance is named 'Strengthening Civil Courage' because we regard our support to the resilience of people and the ability of citizens and their communities to realize sustainable change on the ground, as the core of our work. Running from 2021 to 2025, the programme has the following key objectives: protect and strengthen civic space; pursue gender equality; support activists and youth leaders working on peace and human rights; and push for international regulation of external stress factors which facilitate/exacerbate violent conflict.



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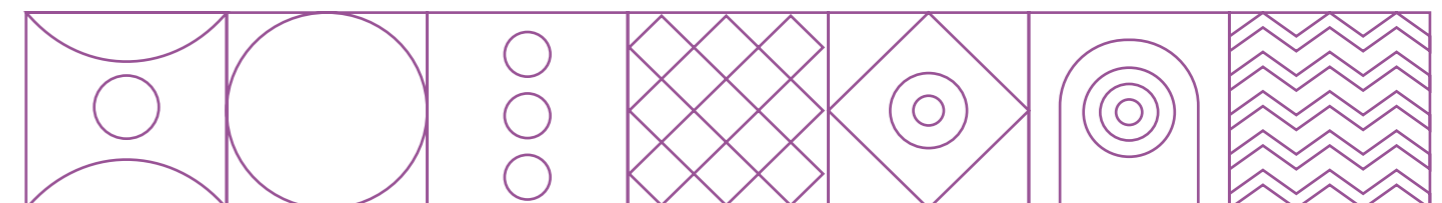
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ACRONYMS

CSO	Civil Society Organisation
CMR	Clinical Management of Rape
DG	Directorate General
DG-ECHO	European Civil Protection and Humanitarian Aid Operations
FGD	Focus Group Discussion
GBV	Gender-based Violence
HDP	Humanitarian, Development, and Peace Triple Nexus
IDP	Internally Displaced Person
IASC	Inter-Agency Standing Committee
INGO	International non-governmental organisation
KII	Key Informant Interview
LGBTQ+	Lesbian, Gay, Transgender, Bisexual, Intersex, Queer, and more
MHPSS	Mental Health and Psychosocial Support
MDW	Migrant Domestic Worker
MEAL	Monitoring, Evaluation, Accountability, and Learning
NGO	Non-Governmental Organisation
OwD	Organisations representing PwD
PIN	People in Need
PwD	Person with Disabilities
PSEAH	Protection from Sexual Exploitation, Abuse, and Harassment
SGBV	Sexual and Gender-based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights

SGNs	Strategic Gender Needs
UNDP	United Nations Development Programme
UN	United Nations
UN Women	Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Fund for Population
UNHCR	United Nations High Commissioner for Refugees
WFP	United Nations World Food Programme
USAID	United States Agency for International Development
BHA	USAID's Bureau for Humanitarian Assistance
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation
WwD	Women with Disabilities
WLO	Women-led Organisations
WRO	Women's Rights Organisations



01

INTRODUCTION



ABAAD– Resource Center for Gender Equality is a UN ECOSOC accredited organization that aims to achieve gender equality as an essential condition to sustainable social and economic development in the MENA region.

The dynamic team is composed of dedicated activists, lawyers, consultants, social workers, and researchers, who creatively test new approaches as part of a larger effort to achieve an equitable society, free of hegemonic masculinities and violence against women.

As a leading actor on gender equality in the region, ABAAD is perceived as a reliable reference and partner by the local, regional, and international entities that promote gender equality, peacebuilding, and sustainable development.

ABAAD has been the co-chair of the National Technical Task Force to End GBV against Women and Girls (alongside the Lebanese Ministry of Social Affairs) since 2012.

ABAAD intends to have broader knowledge and tools to advance gender equality throughout its actions. Therefore, it has commissioned an Intersectional Gender Analysis Toolkit to be used by its staff, stakeholders, and partners as part of a comprehensive Gender Action Plan Toolkit.

This Intersectional Gender Analysis Toolkit is part of a broader set of toolkits used by ABAAD to advance gender equality and women's rights. Building on the foundation of ABAAD's existing Gender Integration Toolkit, it adopts a broad and adaptable approach to intersectional gender mainstreaming. This toolkit is designed to be applicable across various sectors, whether ABAAD and its partners are working in agriculture, peacebuilding, education, or beyond.

This toolkit is intended for use in both developmental and humanitarian settings. It will be complemented by practical training on its application, ensuring that participants can acquire the necessary knowledge and further disseminate it to ABAAD's partner organisations.

The Gender Integration Toolkit is a toolkit developed by ABAAD to support the integration of gender sensitive and transformative approaches in social development programmes.

Why is an intersectional gender analysis important?

Women and girls worldwide suffer from discrimination, lack of opportunities, and violence due to power imbalances rooted in patriarchy, on a global and local level.

Global figures on discrimination ¹

Globally, an estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their lifetime (30% of women aged 15 and older). This figure does not include sexual harassment. The rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV are higher in women who have experienced violence compared to women who have not, as well as many other health problems that can last after the violence has ended.

Most violence against women is perpetrated by current or former husbands or intimate partners. More than 640 million or 26% of women aged 15 and older have been subjected to intimate partner violence.

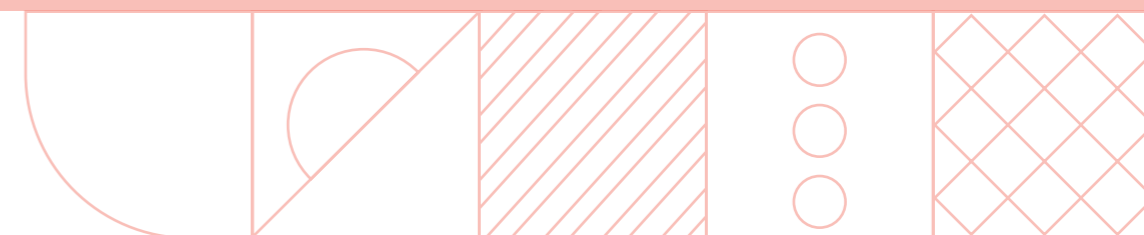
Among those who have been in a relationship, nearly one in four adolescent girls aged 15–19 (24%) has experienced physical and/or sexual violence from an intimate partner or husband.

Adolescent girls are more at risk of intimate-partner violence than adult women. By the time they are 19 years old, nearly 1 in 4 adolescent girls (24%) who have been in a relationship has already been physically, sexually, or psychologically abused by a partner. ²

Women with disabilities report a higher rate of all forms of intimate partner violence than women without disabilities. A recent review confirmed a strong link between disability and increased risk of violence. ³ A study conducted in the European Union ⁴ revealed that women with disabilities faced higher risks of experiencing violence, and that the risk was even greater for women with disabilities on a low income.

Watch this short video by Human Rights Watch on LGBTQ+ advocacy in Lebanon: <https://www.youtube.com/watch?v=ssujp1ZpYXE>

At the end of 2023, of the 117.3 million forcibly displaced people worldwide, an estimated 47 million (40%) are children under 18. Between 2018 and 2023, an average of 339,000 children were born as refugees per year. ⁵



¹ *Facts and Figures: Ending Violence Against Women and Girls. UN Women – Arab States.* <https://arabstates.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures-0>

² *Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Executive summary.* Geneva: World Health Organization; 2021

³ *García-Cuellar, M. M., Pastor-Moreno, G., Ruiz-Pérez, I., & Henares-Montiel, J. (2022). The prevalence of intimate partner violence against women with disabilities: a systematic review of the literature. Disability and Rehabilitation, 45(1), 1–8.* <https://doi.org/10.1080/09638288.2022.2025927>

⁴ *Martinez, P. R. (2022). Intimate partner violence experienced by women living with—and without—disability in the European Union. A quantitative intersectional analysis. Frontiers in Sociology, 7.*

⁵ *Refugee Data Finder. UNHCR.* <https://www.unhcr.org/refugee-statistics>

Likewise, people are oppressed by other overlapping intersectional identities. Intersectionality is defined as the unique way that categories of difference, such as gender, ethnicity, sexual orientation, and others, overlap and sometimes contradict each other, ultimately shaping an individual or an organisation's identity, choices, and chances.

In humanitarian and development, as well as in hybrid contexts, all the inequalities, marginalisation, and forms of violence are exacerbated.

An intersectional gender analysis is intended to identify the root causes of discrimination and violence to address them while leaving no one behind.

For example, capitalism produces socio-economic marginalisation, ableism discriminates against people with disabilities, heteronormativity and patriarchy discriminate against the LGBTIQ+ community, colonialism relegates countries from the Global South to situations of subordination and exploitation, and extractivism exploits natural resources stolen from Indigenous Population and population at large.

Today, the dividing line between development and humanitarian contexts is blurred. Therefore, it is more appropriate to discuss hybrid contexts for which other less traditional approaches are necessary, such as the Humanitarian Development and Peace (HDP) triple nexus. The triple nexus is a term used to capture the interlinkages between the humanitarian, development, and peace sectors and will be further explained in Section I.

This toolkit is designed to be useful in various contexts but is particularly tailored to the hybrid context currently experienced in the MENA region, specifically Lebanon.

What is the Toolkit for?

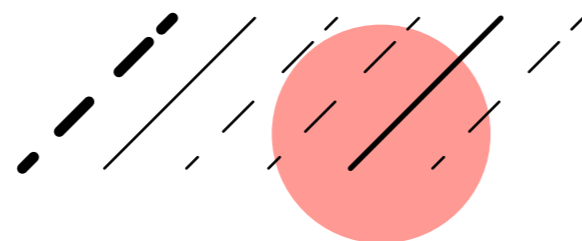
The "Intersectional Gender Analysis Toolkit" has been developed to guide and support ABAAD's staff and partners in conducting intersectional gender analyses.

An intersectional gender analysis is defined as the act of examining the power dynamics within specific contexts to identify overlapping layers of discrimination that prevent people from fully realising their human rights.

As previously highlighted, and given the existing power imbalances and overlapping layers of oppression, this analysis is essential to Leaving No One Behind. It will identify the most marginalised and address their challenges and needs.

It aims to strengthen ABAAD's knowledge and capacities on gender generally and on power dynamic analysis and to provide practical, step-by-step guidance and tools for conducting an intersectional gender analysis.

This toolkit is the first step, among other steps, in elaborating a comprehensive Gender Action Plan and is complementary to the Gender Integration Toolkit.



Who is it for?


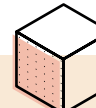
The toolkit and its annexes are meant for ABAAD's staff who design and conduct gender analyses to inform their programme strategies. It is intended for programme managers and technical staff, including the Monitoring, Evaluation, Learning and Accountability (MEAL) staff.

The toolkit is beneficial for managerial staff to better understand the nuances of supervising their teams when conducting intersectional analysis and addressing their questions and knowledge gaps. However, it is primarily intended for technical staff who must lead and carry out the analysis themselves.



What is its content?



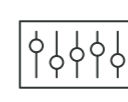


The toolkit is divided into two sections and ten annexes:

SECTION I	SECTION II
 <p>A glossary of terms, including gender basics, intersectionality, and approaches. This section aims to create a shared understanding of what we mean when we talk about gender, gender identity, sexual orientation, gender-assigned roles, the triple nexus approach, and more.</p>	 <p>How to conduct an intersectional gender analysis.</p> <p>This is the main section in which we will explore what an intersectional gender analysis is, why it is needed, when to conduct it, and how to conduct it step-by-step.</p>

We will go through it by answering:

1. What is an intersectional gender analysis?
2. Why are intersectional gender analyses conducted?
3. What will an intersectional gender analysis tell us?
4. When should we conduct an intersectional gender analysis?

How is an intersectional gender analysis conducted? Step-by-step:

 <p>STEP 1</p>	 <p>STEP 2</p>	 <p>STEP 3</p>	 <p>STEP 4</p>	 <p>STEP 5</p>
<p>Decide what geographical area/s you will cover</p>	<p>Review existing secondary data</p>	<p>Design & develop your methodology</p>	<p>Collect primary data</p>	<p>Analyse the Data</p>

⁶ Rifat, K., Ozbilgin, M., & Yavuz Serçekman, M. (2020). Understanding intersectional analyses. In *Pushing Our Understanding of Diversity in Organizations*. Information Age Publishing.

After exploring the main gender analysis frameworks, we will examine what major donors, including the European Commission and DG ECHO, expect from gender analysis. We will also explore the five domains North American donors, including Canada, expect in a gender analysis. Afterwards, we will present a common gender analysis framework for ABAAD that combines all the required elements.

Annexes

Annex I: Internal resources. A checklist with general questions on intersectional gender analysis in ABAAD's primary area of expertise, Gender-Based Violence (GBV), developed by Arqaam.

Annex III: List of suggested indicators to be used for Monitoring and Evaluation (M&E). The list covers the sectors of Health, Mental Health and Psychosocial Support (MHPSS), Protection, Child Protection, Water, Sanitation, and Hygiene (WASH), Nutrition & Food Security, and GBV. It is an "initial" list because it is not meant to be set in stone but used as part of a collective and collaborative process in which all ABAAD staff can contribute.

Annex V: Key Informant Interview (KII) tool. To be used as semi-structured interviews. Part 1 is designed to understand the most significant changes to gender relations identified for the individual, if appropriate, or for the community; Part 2 is designed for community leaders or service providers.

Annex VII: Community mapping tool. A community-led analysis of resources and mobility of individuals by sex and age. Mobility Analysis will allow you to identify community resources using a gender and protection lens.

Annex IX: DG ECHO Gender and Age Marker 4 areas and sub-questions. A guide on the DG ECHO assessment markers.

Annex II: External resources. A compilation of helpful external resources, including secondary data sources and free online courses.

Annex IV: Focus Group Discussion (FGD) tool. A brief guide on how to conduct FGDs from a gender perspective with small groups and ground rules.

Annex VI: Household survey tool. It provides questions on the following domains: gender roles and relations; access to services and assistance; protection and mobility; and priority needs. It also contains a brief explanation on how to analyse the information gathered.

Annex VIII: Gender analysis findings by domain. An example of a gender analysis conducted for the Bureau of Humanitarian Affairs (BHA) following their five domains methodology.

Annex X: How to work with men as allies. A tip sheet on involving men in GBV work.



Section I

Explaining key intersectional gender concepts

In this section, we will explore fundamental gender concepts essential for a clear understanding of gender, its components, and key aspects to consider when conducting gender analyses.

The following terms are often confused with one another, leading to significant misconceptions. It is essential to have a shared understanding when discussing and referring to gender, sex, gender identity, sexual orientation, and intersectionality.

Sex versus gender

Some of the main concepts around gender that we need to fully understand before conducting a gender analysis are sex, gender itself and in contrast to sex and its components, gender identity, sexual orientation and gender roles, gender neutral or non-binary, gender equality and equity, and intersectionality.

Sex

Often, the terms sex and gender are confused and used interchangeably, leading to major misunderstandings.

Sex refers to the biological characteristics you are born with. Most people are assigned either 'male' or 'female' based on their anatomy (male or female reproductive organs) and physical attributes.

Some people are born with both male and female reproductive organs. This is referred to as being 'intersex'.

Some of the main characteristics defining sex are:

- Type of genital organs
- Type of predominant hormones (Oestrogen/Testosterone)
- Ability to produce ovules or sperm
- Ability to give birth and breastfeed/fecundate

Even though these characteristics are **biologically determined**, they **can be modified** as a personal choice throughout life, for example, transgender people who undergo sex-change operations.

Key Definitions

Sex: The biological characteristics you are born with. Most people are assigned either to be 'male' or 'female' based on their anatomy.

Intersex: People born with both male and female reproductive organs.

Sexual Orientation (Attraction): Who we are attracted to, physically and romantically.

Gender: The characteristics, or attitudes, behaviours, and roles society assigns to men and women. Gender does not mean 'woman'!

Gender Identity: who we feel we are inside. For example, I feel like a man, a woman, both, or neither. (ABAAD Gender Integration Toolkit)



Gender

In contrast to sex, gender is defined as the social and cultural construct of what it means to be a man or a woman in each culture

Gender refers to the characteristics, attitudes, behaviours, and roles society assigns to men and women. We are not born with these characteristics, but we learn how to become men and women from society as we grow up.

It refers to the **social differences** between men and women in all stages of the life cycle **that are learned**. Although deeply rooted in each culture, these differences change over time and vary widely **within and between cultures**.

Gender is a **personal choice**. People who choose the gender corresponding to their sex at birth are referred to as **cis-gender** people. People who choose a different gender from the one assigned to them at birth are referred to as **transgender** people, sometimes defined as gender-fluid.

Even though it is not widely known, there are genders that go beyond the binary system of women/men. In many places, they are called third gender, no-gender, gender-neutral, and/or non-conforming; in other places, there is no specific definition.

Some examples worldwide include: Ladyboys in the Philippines and Thailand, Waria in Indonesia, Hijras in India, and Danshi in Japan.

Gender components

As a social construct, gender is composed of different factors:

- Gender identity
- Sexual orientation
- Gender roles

Gender identity

means who we feel we are inside and how we understand that we are. Such as feeling like a man, woman, both, or neither.

Most people identify with their biological sex; this is referred to as being cisgender.

Some people with a vagina might identify more as a man, while some people with a penis may identify more as a woman; this is referred to as being transgender.

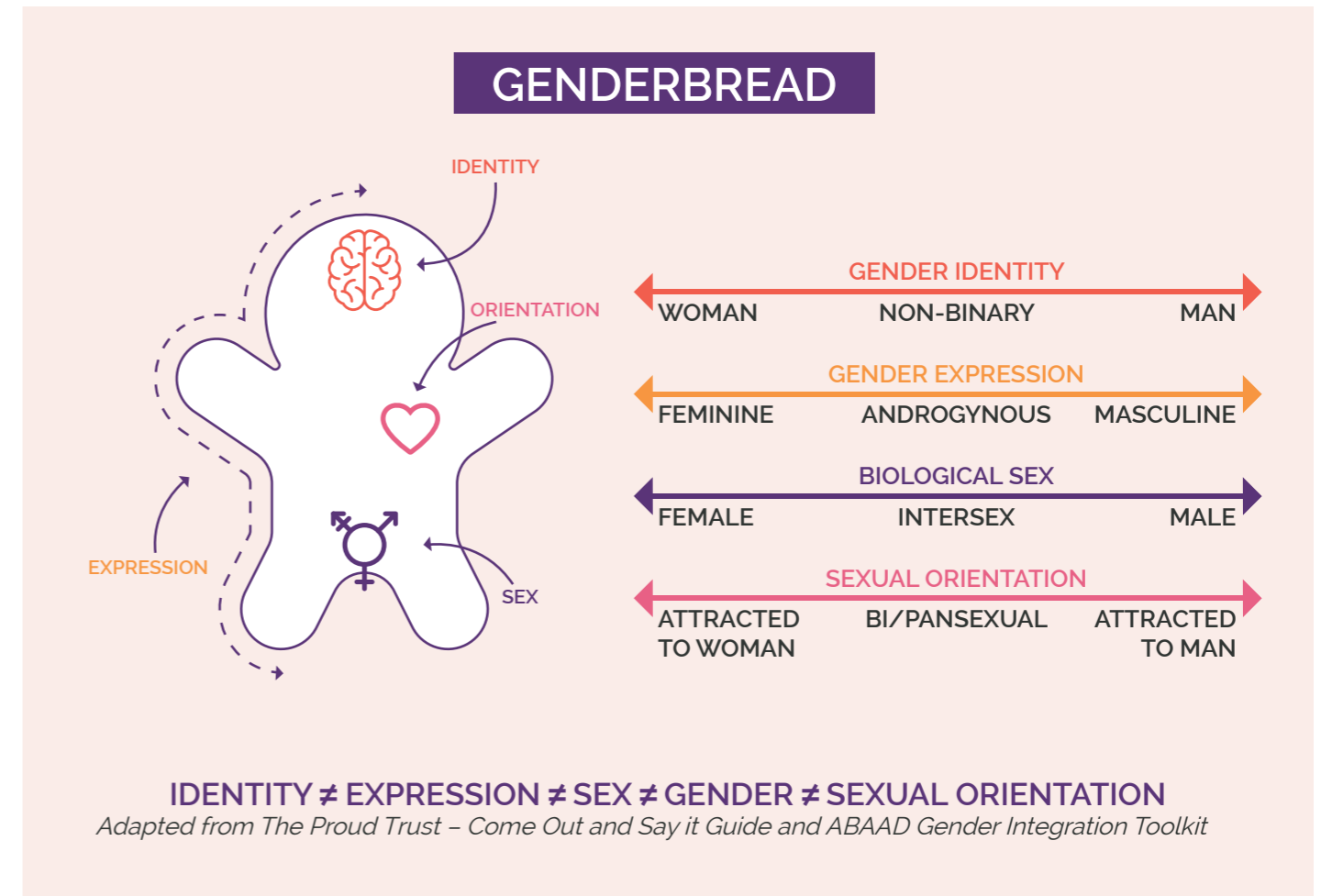
Our gender identity permeates all aspects of life from education, religion, socialisation, language, family, law, sexuality, history, anatomy or advertisement. This is why, as we will see in the next section, several domains, such as laws, policies, and cultural norms, must be investigated when conducting an intersectional gender analysis to better understand the gender implications in each context from a comprehensive perspective.

Sexual orientation

Sexual Orientation refers to the people we are attracted to, physically and romantically.

- Some people are attracted to individuals of a different gender, such as girls being attracted to boys and boys being attracted to girls; this is known as being heterosexual.
- Some people are attracted to individuals of the same gender, such as men being attracted to men; this is referred to as being homosexual
- Some people do not experience attraction towards anyone; this is known as being asexual.

People who do not fit into societally acceptable categories of sexual orientation, identity, and so on are often threatened, marginalised, and experience higher levels of risk in everyday life. It is important therefore as we design our project activities to be more gender sensitive or transformative that we aim also to be inclusive of the beautiful diversity that exists in our world. (ABAAD Gender Integration Toolkit)



Diversity

refers to different values, attitudes, cultural perspectives, beliefs, ethnic backgrounds, nationalities, sexual orientations, gender identity, ability, health, social status, skill, and other specific personal characteristics. Whilst age and gender dimensions are present in everyone, other characteristics vary from person to person. These differences must be recognised, understood, and valued in each specific context and operation to ensure protection for all people.

Gender diversity

recognises that many people's preferences and self-expression fall outside commonly understood gender norms.

LGBTIQ+/sexual and gender minorities ILGBTIQ+ stands for "lesbian, gay, bisexual, transgender, intersex, queer and more" persons. Whilst these terms have increasing global resonance, in different cultures other terms may be used to describe people who form same-sex relationships and those who exhibit non-binary gender identities

In a human rights context, LGBT people face both common and distinct challenges. Intersex people, those born with atypical sex characteristics, experience many of the same human rights violations as LGBT individuals.

Other terms used worldwide for LGBTIQ+ people include Hijra, Meti, Lala, Skesana, Motsoalle, Mithli, Kuchu, Kawein, Travesty, Muxé, Fa'afafine, Fakaleiti, Hamjensgara, and Two-Spirit.

Gender Stereotypes are ideas that people have about masculinity and femininity: what men and women of all generations should be like and what they are capable of doing.

Gender norms are unwritten rules created by society that govern the "correct" behaviour for girls, boys, men, and women and restrict their identities

Examples of gender norms: girls should be obedient and cute and are allowed to cry. Boys are expected to be brave and not cry. Women are better housekeepers, and men are better with machines. Boys are better at mathematics, and girls are more suited to nursing.

Gender roles are behaviours, attitudes, jobs, careers, and responsibilities that society believes are 'appropriate' for men and women. Gender roles determine the duties and tasks assigned to each of them.

Overall, we can consider three main roles:

1 Reproductive role: It includes all the activities and tasks dedicated to the care and maintenance of the home and its members, such as pregnancy, cooking, care, emotional support of the family, and education. It refers to all activities that guarantee maintenance and daily survival. These are usually unpaid and often invisible activities.

Examples of unrecognised reproductive work include the amount of unpaid work disproportionately burdening women and girls worldwide, or the little social value and lack of legal protection given to Migrant Domestic Workers (MDWs), especially in Lebanon and in Gulf countries under the Kafala system.

2 Productive role: Activities and tasks destined to the production of goods and services for sale and consumption. These are paid activities. Women are more frequently employed in the informal sector than men, often with fewer labour rights and less social security. Women make up 39% of the world's workforce, according to ILO estimates, but only 27% of managerial workers, and that share of female managers has hardly changed in two decades.⁷

3 Social/Community role: Activities and tasks that contribute to a community's cultural, spiritual, or organisational development. It includes leadership, social services, event organisation and ceremonies, activities carried out for the defence and improvement of living conditions and community organisation, those carried out for the defence of the territory and the environment, etc. Generally, because of the overburden of unpaid work and due to what is socially accepted in many cultures, women and girls are less active or present in this public arena; nonetheless, when they are, it comes with specific risks. Although restrictions of and attacks on civic space affect all defenders, Women human rights defenders (WHRDs) are specifically targeted and face additional and particular obstacles, risks, violations, and impacts.⁸

⁷ Gender equality in the workplace remains elusive. (2020). ILOSTAT. <https://ilostat.ilo.org/blog/gender-equality-in-the-workplace-remains-elusive/>

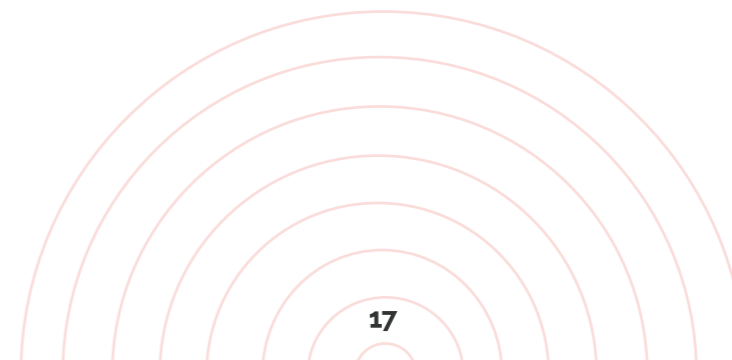
⁸ Women human rights defenders. OHCHR. <https://www.ohchr.org/en/women/women-human-rights-defenders>

Traditionally, the roles assigned to women and men have placed them in different positions of power and social value, generating a structural inequality towards women and girls and clear imbalances of power, which must be questioned and challenged.

Gender equality is fundamentally a question of power! Hundreds of years of discrimination against women continue to exclude them from leadership positions, including in governments, and perpetuate daily harassment toward women and girls in the streets, at home, or online. Gender norms in our society not only teach the "correct" way to be a man and a woman but also promote the idea that men are more powerful or should be more powerful than women. This dynamic has far-reaching consequences, from households to the highest levels of political decision-making.

At the same time, gender inequality also harms men, boys, and people who do not fit into these binary categories. These inequitable and patriarchal norms that uphold men's power over women also prevent men from expressing stereotypically 'feminine' qualities, such as being able to show pain, fear, and sadness. It prevents men from connecting to their emotional, human selves.

In brief, gender equality is the ability of all people, regardless of their gender identities, to have the same access to their basic rights, resources, opportunities, and freedom of expression.



Gender equity is about fairness according to respective needs. For example, a couple may not be able to do everything in the household equally, so they discuss how to divide responsibilities fairly.

Another example of gender equity is gender quotas for political appointments, university admissions, or community leadership positions.

Gender mainstreaming is a strategy for achieving gender equality. Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies, or programmes, in all areas and at all levels. It is a strategy for making women's and men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic, and societal spheres so that women and men benefit equally, and inequality is not perpetuated. Its ultimate goal is to achieve gender equality.

Gender-Based Violence (GBV) is violence derived from gender norms and roles as well as from unequal power relations between women and men. GBV is specifically targeted against a person because of his or her gender, and it affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm including intimidation, suffering, coercion, and/or deprivation of liberty within the family or within the general community. GBV also includes violence perpetuated by the state.

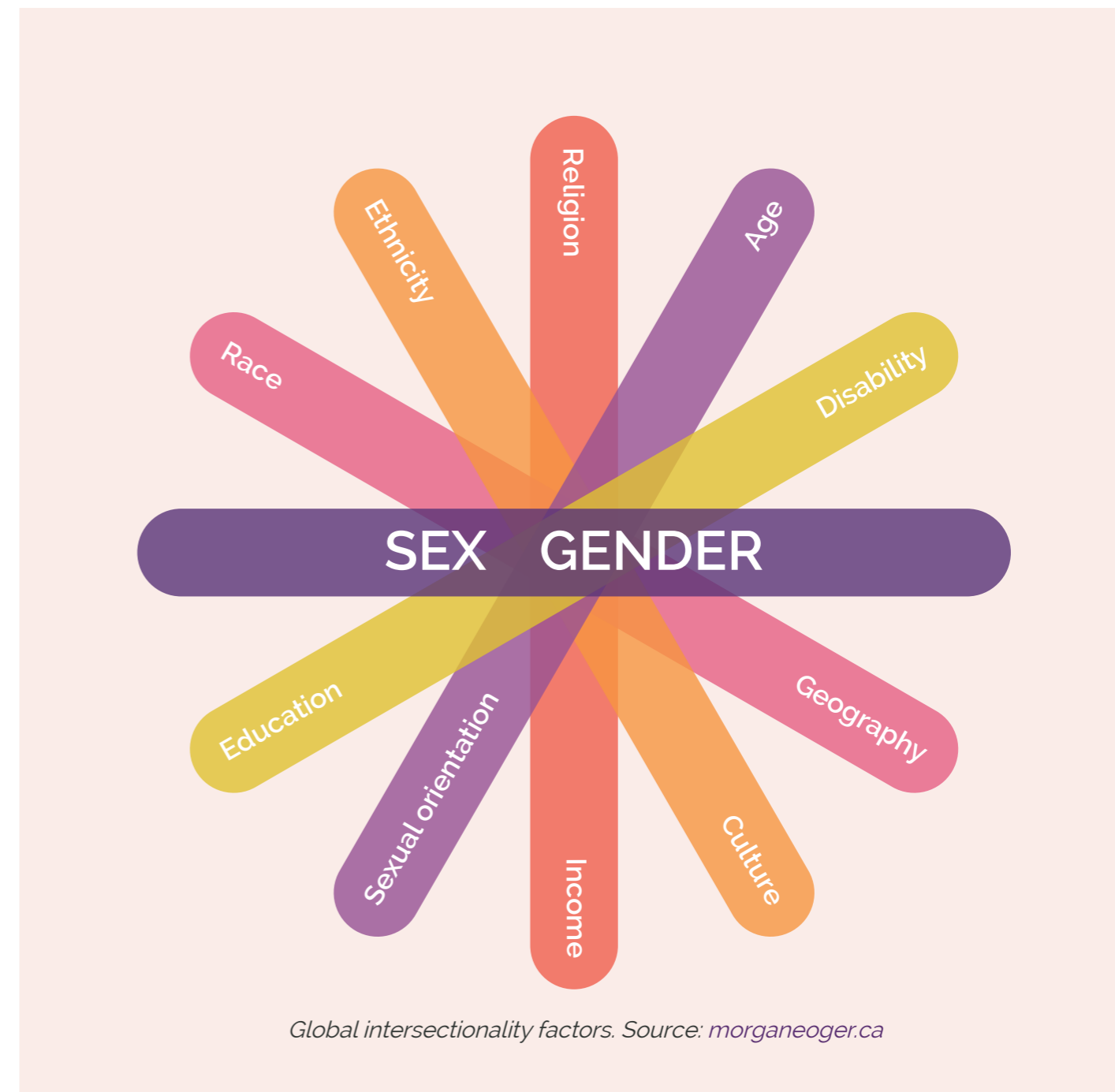
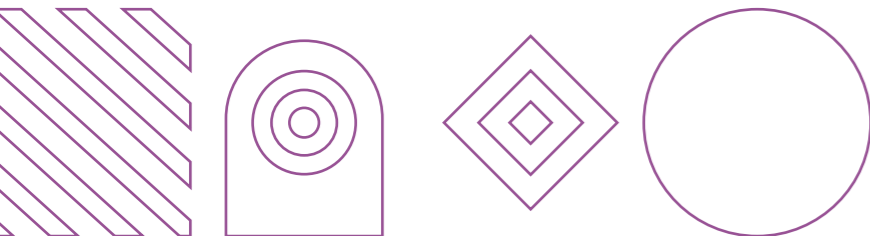
The Humanitarian Development and Peace (HDP) triple nexus

The triple nexus is a term used to capture the interlinkages between the humanitarian, development, and peace sectors. It refers explicitly to attempts in these fields to work together to more effectively meet people's needs, mitigate risks and vulnerabilities, and move toward sustainable peace. This approach calls for a New Way of Working (NWOW) that transcends the humanitarian-development-peace divide, reinforces (not replaces) national and local systems, and anticipates crises by working toward (i) collective outcomes (ii) over multi-year timeframes (iii) based on leveraging comparative advantage.⁹

Intersectionality

Different social characteristics overlap producing different layers of discrimination. Some of those social characteristics or social identities are universal, as everybody has them, even if most of them are social constructs or precisely because of it, like gender, race, social class, disability, and age. Others are completely contextual and require a comprehensive knowledge of the specific culture, such as albinism in some African countries.

The term Intersectionality was coined by the United States academic Kimberlé Crenshaw. It refers to the interconnected nature of social categorisations such as race, class, and gender, which create overlapping and interdependent systems of discrimination or disadvantage.



If we meaningfully want to Leave No One Behind, an intersectional analysis/approach is needed in our work.

Gender analysis examines the relationships between women and men. It examines their roles, their access to and control of resources, and the constraints they face concerning each other. A gender analysis should be integrated into the humanitarian needs assessment and into all sector assessments or situational analyses.

An intersectional gender analysis goes beyond the latter. It examines power dynamics within specific contexts to identify overlapping layers of discrimination preventing people from fully realising their human rights and to address them in the most culturally appropriate way.

A more comprehensive wheel of intersectional identities can be found below.

⁹ Nguya, G., & Siddiqui, N. (2020). Triple Nexus Implementation and implications for Durable Solutions for internal displacement: on paper and in practice. *Refugee Survey Quarterly*. <https://doi.org/10.1093/rsq/hdaa018>

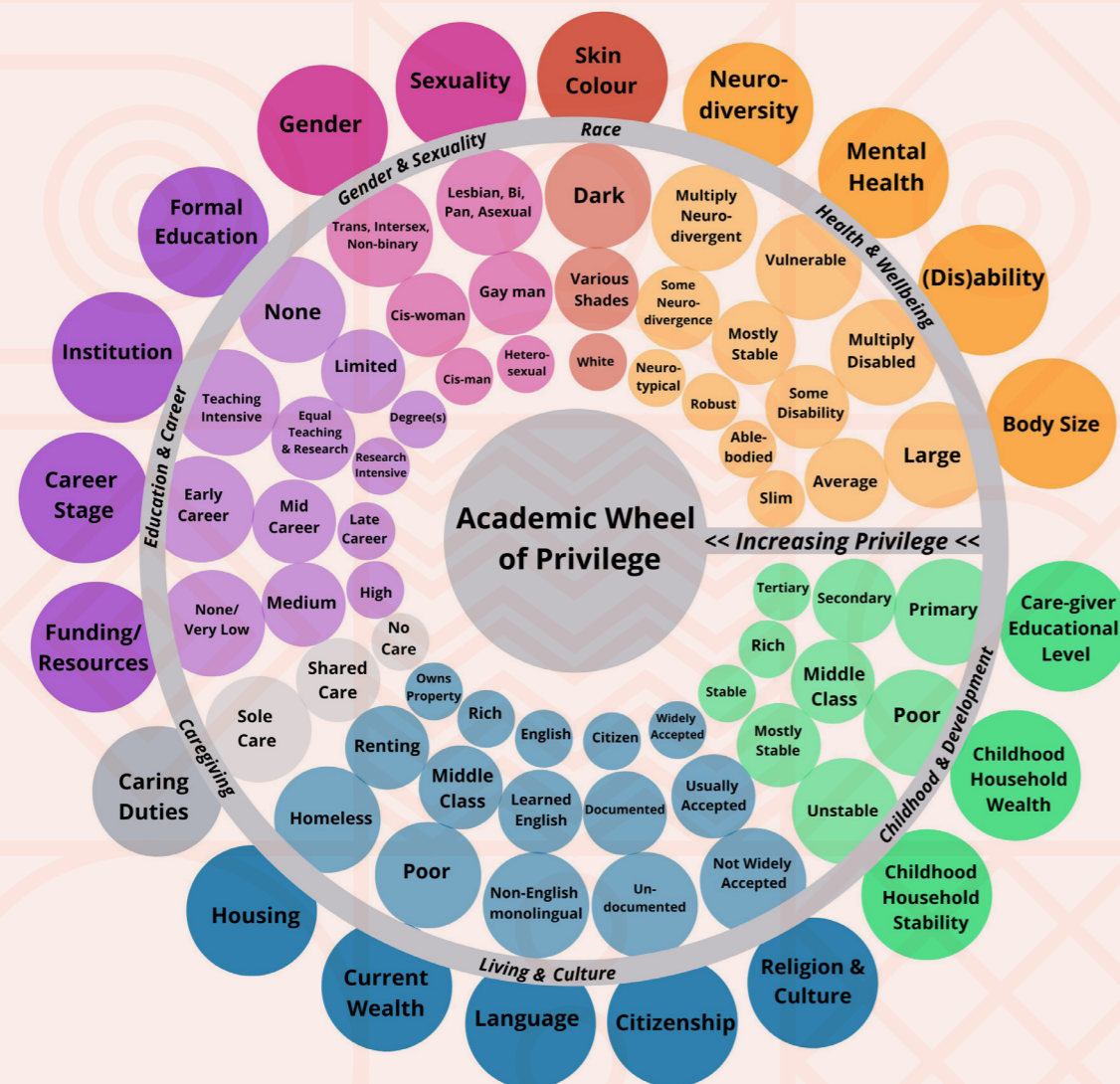
Section II

How to conduct a gender analysis

In this section, we will explore the importance of a gender analysis and when and where to conduct it. Afterwards, we will provide step-by-step guidance.

Additionally, this section will delve into the main gender analysis frameworks, including those requested by global donors.

Finally, it will present an umbrella framework that ABAAD can use for gender analysis.



What is an intersectional gender analysis?

As previously defined, an intersectional gender analysis consists of examining the power dynamics within specific contexts to identify overlapping layers of discrimination preventing people from fully realising their human rights and to address them in the most culturally appropriate way possible.

An intersectional gender analysis is not about doing new things but rather about doing them from a different perspective. We need to use "intersectional gender glasses" to understand the dynamics, needs, vulnerabilities, and capacities of the affected population in all its diversity and to offer an adapted, useful, targeted, and effective response.

➤ This analysis involves gathering information about the underlying causes of social, cultural, and economic inequity affecting women, girls, LGBTIQ+ people, and marginalised minorities to achieve positive changes and address the root causes of discrimination to the extent possible.

It examines power dynamics, traditional roles assigned to people based on gender, sexual orientation, gender identity, and other social identities, such as age, disability, or origin (rural or urban, refugees or host communities), and the resulting power imbalances and marginalisation.

Why are intersectional gender analyses conducted?

➤ An intersectional gender analysis helps us shape and foster assistance, services, and protection in ways that are sensitive to the diverse needs and capacities of everyone, enhancing inclusivity, effectiveness, coherence, relevance, long-term sustainability, and programme quality. An intersectional gender analysis is also about social justice. Women make up half of humanity, yet their needs and capacities have been historically and systematically overlooked in the humanitarian and development sectors, and their voices have been marginalised. This statement also extends to the LGBTIQ+ community and the most marginalised individuals in each community or country, especially those belonging to minorities.

By examining the experiences of women, girls, men, boys, LGBTIQ+, and the most marginalised people in different aspects of life, an intersectional gender analysis will allow us to:

Identify how local beliefs, cultural norms, and the context in which a programme operates impact the affected population differently within existing social, economic, and political structures, marginalising individuals and minorities.

Identify how the context impacts the affected population in different ways: humanitarian/development/peace needs, access to resources and services, and local frontline responders.

What are the strategic and practical needs?

Practical needs

Refer to the immediate, day-to-day needs that women and men, or any gender and age group, have as a result of their position in society.

Practical gender needs are typically responsive to the "here and now." They are often seen as the starting point in addressing gender inequality, aiming to alleviate immediate disadvantages or hardships. While addressing these needs does not necessarily change the underlying social structures that create gender imbalances, it is essential for improving the quality of life and providing short-term relief.¹⁰

Strategic needs

Involve longer-term goals aimed at transforming the social, economic, and political structures that perpetuate gender inequality. Strategic needs are about challenging and changing the power dynamics that define gender relations in a society. These needs often require structural change, policy reform, and advocacy to achieve long-lasting equality between genders. Strategic needs are about addressing the root causes of gender inequality. They are proactive, aiming for empowerment and systemic changes.

Examine the differences in how various affected individuals are able or unable to make decisions, influence local policies, control, enforce, and engage in individual and collective actions to address power imbalances. Explore what is their share in decision-making.

Understand and assess how our own policies (ABAAD's and its partners), programmes and projects may impact the affected population differently.

¹⁰ For comprehensive examples and further information please visit: Gender Needs: From Practical to Strategic Approaches for Equality. https://teachers.institute/gender-school-society/gender-needs-strategies-for-equality/#google_vignette

Examples of practical needs

Access to healthcare: Ensuring that women have access to sexual and reproductive healthcare services or that transgender individuals have access to gender-affirming healthcare.
 Protection: Measures like safe sheltering for Sexual and Gender Based Violence (SGBV) victims/survivors, providing safe spaces for women or inclusive ones for LGBTIQ+ community.
 Economic support: Providing direct cash assistance or food and non-food items to women or marginalised genders and people who face economic hardship due to gendered expectations of unpaid labour.
 Education: Providing access to education for girls in conservative areas where cultural norms may otherwise prevent it.

Examples of strategic needs

Legal rights and reforms: Changing laws that discriminate against women and LGBTIQ+ people, such as inheritance laws, divorce rights, or foster care.
 Social justice initiatives: Campaigns aimed at changing societal norms around social roles, such as promoting men's involvement in domestic chores or encouraging women to participate in politics.
 Political representation: Increasing the number of women and marginalised genders and persons, such as minorities, Persons with Disabilities (PwDs), or diaspora and migrants' representatives in leadership positions in government, corporations, and community organisations.



Example

After the Beirut Blast in 2020, a donor wanted to fund entrepreneurship opportunities for migrant and refugee women in Lebanon to meet their practical needs. Upon further inquiry and an intersectional gender analysis, the secondary and primary data collection revealed that MDWs and Palestinian women lack the legal status (strategic need) to be entrepreneurs.¹¹

What will an intersectional gender analysis tell us?

It will inform us about how the different norms, roles, and statuses of women, girls, men, boys, LGBTIQ+, and the most marginalised people are expressed in a given context, and how those roles affect their access to rights, services, and available protection. It will also inform us about how our work impacts them (or not), and more importantly, how our efforts, if meaningfully tailored, could positively affect them.

As previously mentioned, an intersectional gender analysis will provide us with information on how gender and social norms, roles, social status, and power structures affect the fulfilment of rights and the situation of all rights holders: women, girls, men, boys, LGBTIQ+ and the most marginalised populations.

The intersectional gender analysis will inform the entirety of the programme cycle, allowing us to design and make programmatic changes if necessary and to adapt our response to evolving contexts and situations.

If done correctly, **an intersectional gender analysis will inform** us of the existing **challenges, barriers, opportunities** and threats faced by all rights holders. It will also provide information on **capacities** and **coping mechanisms** and on existing **contextual risks**

Example

Results from a needs assessment conducted in Iraq in 2017 by an international organisation found that more Health Facilities were needed in rural, remote areas, especially to cover unmet Sexual and Reproductive Health (SRH) needs of women. Following the assessment, several health centres were built, or re-constructed and health professionals were allocated to those facilities. After two years - in which the health facilities were rarely used by local communities - an evaluation was conducted, and it concluded that the initial needs assessment was gender-blind and had not considered that in those remote areas, rigid gender norms, affected women's mobility preventing access to gender-sensitive services. For example, women were not allowed into the health centres without the company of a male family member, which prevented many women from seeking SRH services, such as family planning methods. Following the evaluation findings, other programmes focusing on behavioural change and multisectoral integrated services were developed.¹²

When should we conduct an intersectional gender analysis?

An intersectional gender analysis is done during the design phase of a programme to inform it. The results from the analysis are the foundation and pillars of your programme/project. Later, you will continue updating the information gathered through the intersectional gender analysis so that you can keep track of positive and negative impact throughout the whole programme cycle, collecting and using gender and age and any other relevant diversity disaggregated data, in addition to gender focused indicators: during the planning and design phase, during implementation and at monitoring and evaluation stages.

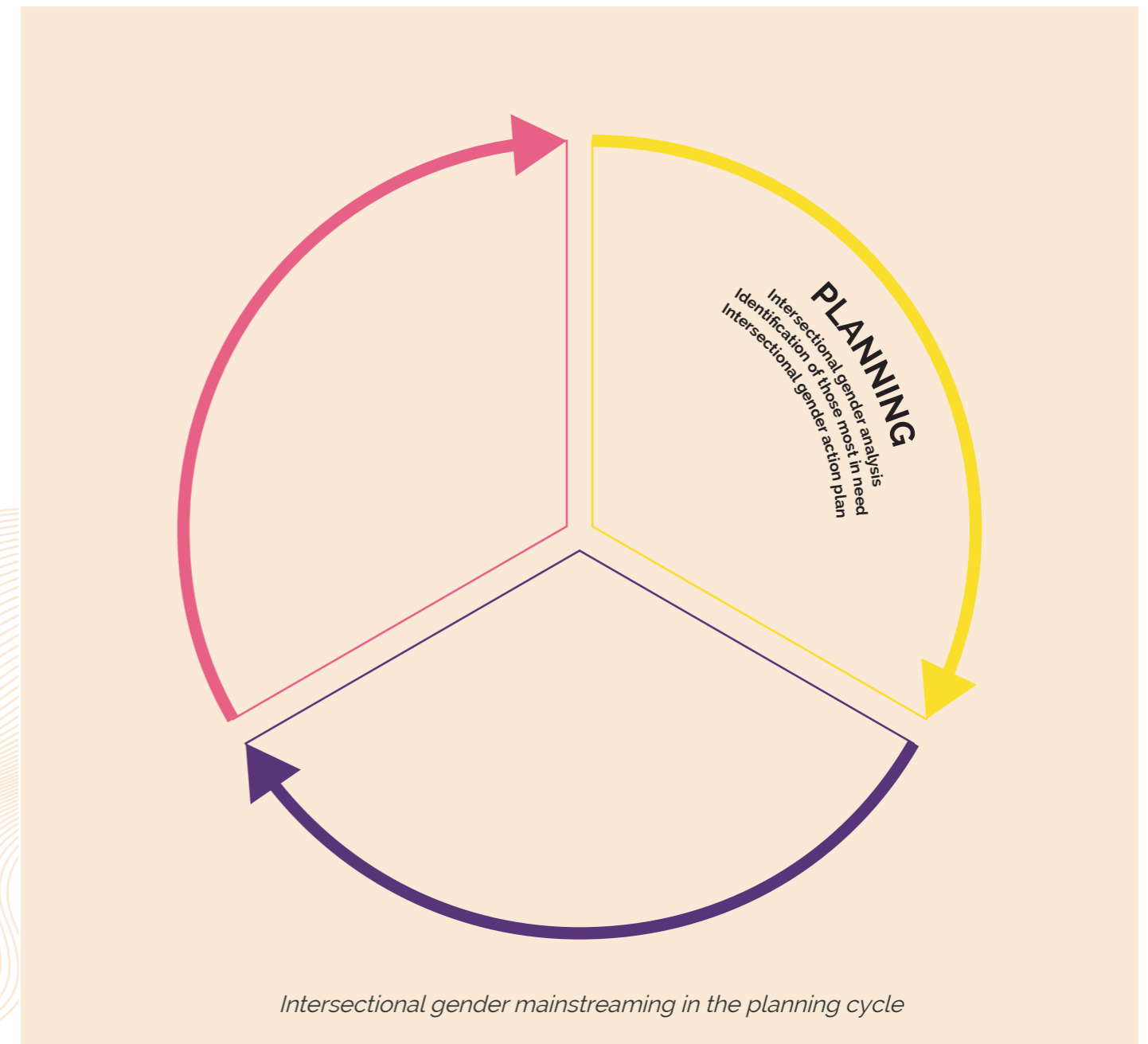
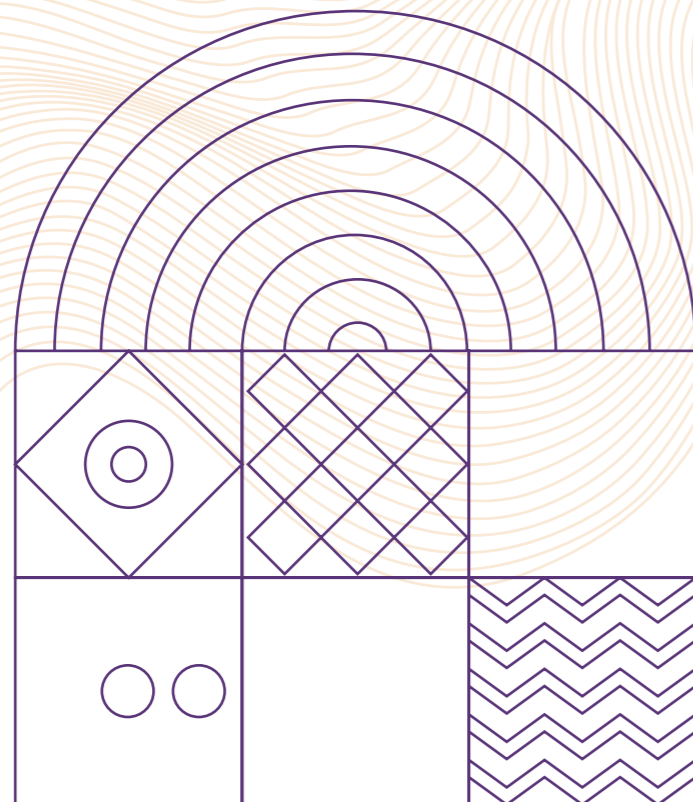
¹¹ Example developed from practical field experience

¹² Example developed from practical field experience

Use the information gathered from the intersectional gender analysis to tailor the activities for better outcomes. Not all changes will result in positive outcomes, so watch out for unintended negative consequences. Be ready and flexible enough to introduce corrective, preventive, and mitigation measures throughout the programme. Use Monitoring and Evaluation (M&E) tools that allow for it. You should be ready to introduce changes and/or remedial actions and make the relevant changes in your theory of change, matrix, and overall budget. Most donors are reasonable and understand that, in volatile contexts, changes may be needed alongside the programme cycle.

In the above example in Iraq, if you are conducting a primary health programme and your monitoring system tells you that women are not using the health facilities despite needing them according to your intersectional gender analysis, you will need to revise the feedback provided by rights holders, the proposed outcomes, the means, actions and resources to better understand what is happening and with the ultimate goal of making services accessible and inclusive.

In this specific example, it was found that women, especially in rural areas, that were more conservative than urban ones, needed consent from a male family member and were not allowed to go to the health premises alone. After broad consultations, programme managers decided to integrate Sexual and Reproductive Health Rights (SRHR) into multisectoral services. That way, women could walk into these centres with their male family members and then privately receive the needed services, in a way that is not perceived as "inappropriate" by male counterparts.



The graphic above visualises how the results of an intersectional gender analysis can be mainstreamed into the planning cycle. It necessitates some elements and prerequisites at each stage:

- Political commitments: a strong commitment towards gender equality that is effectively reflected in the projects/programmes.
- Policy frameworks that reflect the latter by consistently including an intersectional gender perspective in all areas of the organisation (Human Resources, Administration, M&E, Implementation); disaggregated data (consistent M&E frameworks that are ready to mainstream an intersectional gender perspective).
- Consultations with Civil Society Organisations (CSOs) representing those most marginalised and with the affected population itself.
- Staffing Policy: reflecting the political commitments mentioned in hiring policies.

- Communication strategy: ready to translate the goals, achievements, and aspirations in an easy, friendly, intersectional, and gender-consistent way.
- Budgeting: financial allocation must reflect ABAAD's commitments towards gender and intersectionality. Otherwise, your commitment is just an aspiration. All kinds of resources are needed from human knowledge and M&E frameworks to specific financial allocation.



MEANINGFUL PARTICIPATION OF THE AFFECTED

Before delving into the step-by-step on how to conduct an intersectional gender analysis, you should keep in mind the importance of meaningful participation throughout the whole programme cycle.

Fostering meaningful participation from the very beginning is essential when conducting the analysis. But what does "meaningful" mean? It means that affected populations should be the ones informing and shaping programmes that will affect them directly. They should make the decisions affecting their wellbeing. We must listen, analyse, and shape programmes to provide the necessary means for positive changes to happen.

Additionally, grassroots organisations bear the risk burden, and many International non-governmental organisations (INGOs) and local non-governmental organisations (NGOs) rely on them to provide

All staff should have knowledge of intersectional gender concepts and, to some extent, intersectional gender analysis itself. However, certain staff should lead the intersectional gender analysis exercise from headquarters to the field and throughout the entire programme cycle.

This is how the proposed division of tasks for conducting a gender analysis would appear in practice:

- The PMEL Coordinator plans the exercise
- The senior MEL officer coordinates it
- The case workers / field staff conduct the monitoring and data updating
- The IM officer reports back to the Senior MEL officer
- The PMEL coordinator presents and disseminates the results alongside ABAAD

Results of an intersectional gender analysis should inform ABAAD and be useful at all levels: managerial, for communication and advocacy and at a technical level.

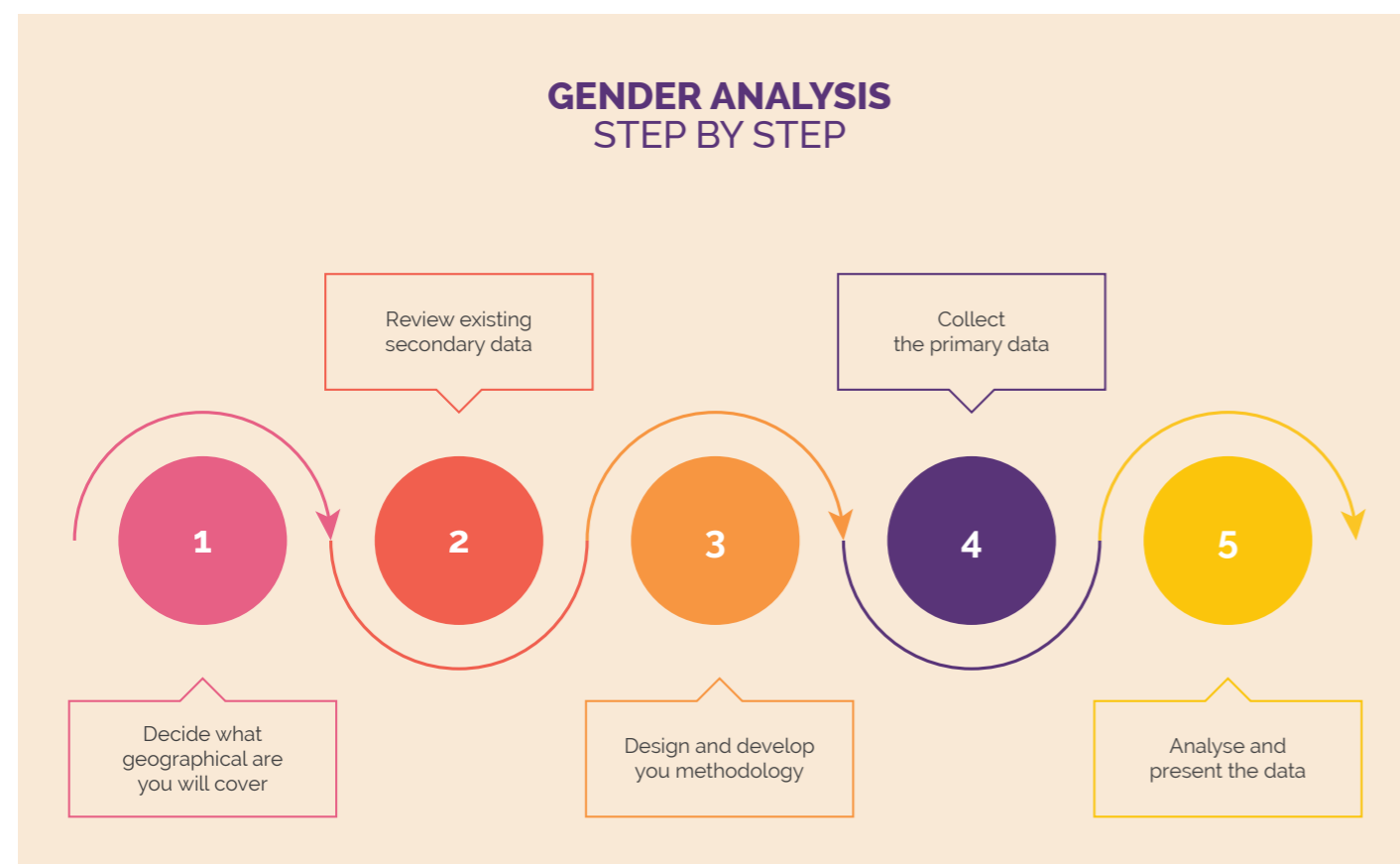
Remember to use a **twofold approach**: top-bottom and bottom up:

- Top-bottom: managerial levels assume the responsibility of conducting an intersectional gender analysis: decision-making, in addition to resources and tasks' allocation.
- Bottom-up: information from the field should nurture knowledge management across the whole organisation and inform decision-making, communication, and advocacy strategies.



How is a gender analysis conducted? Step-by-step

There are several steps to be followed to conduct a gender analysis, as will be further explained.



Step 1: Decide what geographical area/s you will cover

This decision is typically made in agreement with Headquarters and considers various factors, from opportunity and expertise in the area to accessibility and identified needs.

Factors that this decision depends on:

- Your organisation's priorities: your project might be focused on refugees or Internally Displaced Persons (IDPs). Your organisation's mandate or priority might be to serve rural communities or certain minorities, or you might be serving communities from certain areas due to cultural, social, or proximity factors. In ALL CASES:
- The availability of resources will determine how far your analysis can go. Good financial resources allow for representative teams of enumerators, lengthier missions with more data collection tools and time to analyse the data.
- Donors' priorities. Relying on donors' resources to conduct our projects/programmes is inevitable. Many times, they will have geographical priorities themselves.
- Contextual situation: there might be areas in higher need than others. It can also happen that certain areas/regions are not accessible due to risks, such as bombing, landmines, terrorist acts, natural hazards, epidemics or others. In these cases, remote analysis can be conducted if you have adequate and needed technology and knowledge. Still, it is more expensive and usually less comprehensive, as you would not have direct access to the affected population. In addition, these events can increase the need to provide services to the population.

Remember that in many humanitarian and hybrid contexts, the UN Cluster System is in charge alongside governments, or without them, to coordinate the humanitarian response.

A Humanitarian Needs Overview is typically conducted at the beginning of the crisis/es, identifying the People in Need (PIN), the areas underserved, the needed services, etc.

The Humanitarian Needs Overview is a collective humanitarian needs assessment exercise conducted by the Cluster System and its members. It contains the primary needs, threats, and humanitarian gaps to lead the humanitarian response in a coordinated, relevant, and coherent way. This assessment leads to a Humanitarian Response Plan to cover the identified needs and gaps.

The purpose of the cluster system is a better coordination and complementarity of resources instead of the traditional overlapping and competition between Agencies, INGOs, NGOs, etc.

If you are not engaged with the system or it is not activated, always coordinate with other actors in the field, especially frontline responders, community-led, and local grassroots organisations to properly identify the gaps and needs.

If you are the only actor in the area, make the decision based on your expertise, the needs identified, and the information provided by rights holders.



Step 2: Review existing secondary data

This means reviewing country reports, national statistics and surveys, if available, and other sources of information, such as the Humanitarian Needs Overview or the United Nations Development Programme (UNDP) country assessments.

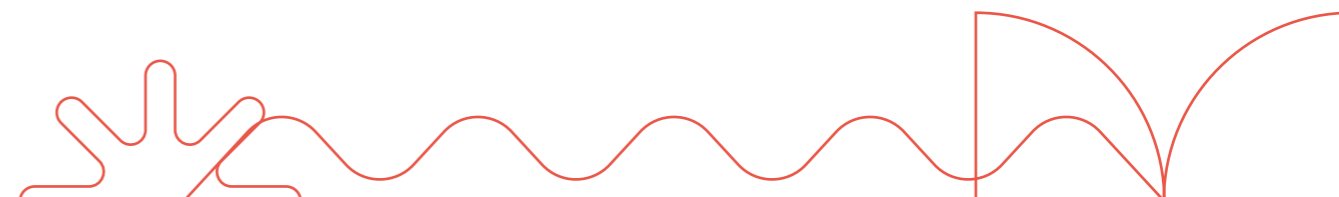
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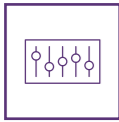
If you are not starting your gender analysis from scratch, you can fill in the "intersectional gender gaps" that your previous analyses might have. To do that, it is recommended to consult the following sources: The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), GBV sub-cluster (if activated or from previous crises), Protection cluster (same as the latter), and Human rights entities and reports (Amnesty International and Human Rights Watch). Additionally, seek out local and regional NGOs or CSOs that represent various marginalised groups, as they typically possess the most accurate information regarding needs and available resources at the frontline level. You can find good examples of local and global secondary data sources in **Annex II**.

All these sources will provide you with a good overview of the current situation, the needs, the capacities, coping mechanisms, and those most marginalised, therefore with greater challenges to access protection and services.

In humanitarian and hybrid contexts, the secondary data review will provide you with information to compare with the current situation. That way, you will be able to analyse how the crisis might have impacted the context.

For example, suppose the maternal mortality rate has increased substantially over a period of time in a given context. This may indicate that women are not accessing SRH services, that these services are no longer available, that they are not adapted to operate in the humanitarian context, or all of these options.





Step 3: Design and develop your methodology

The main task in this step is to decide which data collection tools are appropriate for answering your intersectional gender analysis questions.

A combination of quantitative and qualitative information is usually recommended because they are complementary and will allow you to triangulate information.

Quantitative data will provide you with a good amount of information, for example through sampled questionnaires that you can massively distribute online. However, you will also need to acquire in-depth information that are not collected by quantitative methods.

Triangulation is a vital approach in research. It enhances the credibility and validity of findings by combining multiple methods, data sources, theories, or investigators. It allows researchers to cross-verify information, identify discrepancies, and provide a more comprehensive understanding of the phenomenon under study.¹³

Combining quantitative methods with qualitative methods, such as in-depth interviews, Focus Group Discussions (FGDs), or storytelling, will provide you with nuanced data for an intersectional gender analysis.

In annexes IV, V, VI, and VII, you will find detailed data collection tools with an integrated intersectional gender perspective ready to use.

This phase should typically be led by the organisation's MEAL team. Some organisations conduct stand-alone gender analysis, especially when developing stand-alone gender projects.

It is compulsory to integrate intersectional gender analysis into regular needs assessment. Therefore, you need to mainstream intersectional gender considerations alongside the whole programme cycle. But how to do so? Let's keep reading.

How do we mainstream gender into our needs assessment or general contextual analysis?



The idea is not to duplicate the work, but to gain a more comprehensive understanding of the context. We mainstream gender into our analysis in an intersectional manner.

Mainstreaming gender into our needs assessment does not require new actions but instead a shift in perspective. This involves examining the context and the information from various viewpoints, including those of women, girls, men, boys, elderly women and men, adolescents, LGBTIQ+, minorities of all kinds (national, ethnic, linguistic, religious, etc.), PwDs, the illiterate population, IDPs, refugees, and more.

To mainstream an intersectional gender approach into your assessment, you need to think about the following:

✓ Where do you obtain the information?

In step 2, you would have identified some key informants you would like to interview or include in your data collection tools.

For example, if you have read that PwDs cannot access tailored services and you are aiming at providing inclusive services, you should include PwDs in your data collection.

The secondary information gathered will provide an overview of the situation of women and marginalised populations in a given context. It will also allow you to identify the key informants in partnership with local/national CSOs/NGOs.

✓ Who collects the data?

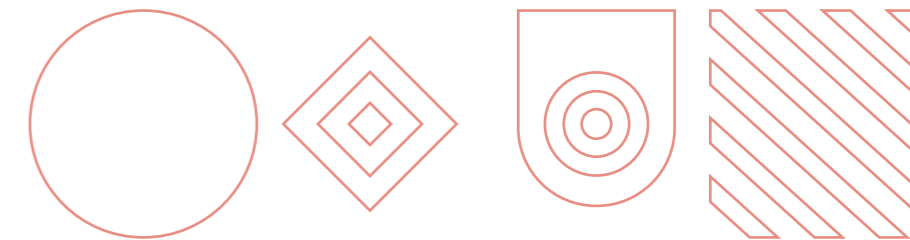
Enumerators and team members using data collection tools should ideally be as representative as possible of the population they are aiming to reach.

For example, GBV survivors may feel uncomfortable speaking with men. Elderly men may prefer to speak with men of a certain age.

The more representative of the community you are serving your team is, the more successful they will be in obtaining meaningful information from its members. Pairing with local staff/partners/CSOs from the area/region you are analysing is recommended. That way, you can engage with the marginalised population and apply the Leave No One Behind principle. Also, bear in mind you might need enumerators who know how to communicate with people with disabilities, or people who speak a minority language.

Example

For example, during the 2024 wide escalation of war between Israel and Lebanon, PwDs were gravely affected. They suffered from inadequate housing, and lack of essential services and access to livelihoods. Additionally, people with a hearing disability were unable to hear the bombs falling, and those handicapped could not easily flee without assistance. During displacement, PwDs were often left behind, with lack of inclusive services.¹⁴ To collect intersectional data during your assessment, you should ensure that your data collection is accessible and inclusive. This could include an accessible interview location and/or enumerators who can communicate in Lebanese Sign Language.



¹⁴ Osseiran, N. (2024, December 3). In Lebanon, people with disabilities isolated, abandoned by war. Context by TRF. <https://www.context.news/socioeconomic-inclusion/in-lebanon-people-with-disabilities-isolated-abandoned-by-war>

✓ Who do you ask?

After conducting the secondary data review, you should know who are the most discriminated against in the targeted community/area.

Remember that globally, women and adolescents face constraints in accessing public spaces and being heard. This is also true for the LGBTIQ+ community, PwDs, and minorities. Additionally, as we have observed before, there will be contextual discriminations that can be identified through the secondary data review and validated through interviews with community representatives and relevant CSOs/NGOs.

Example

Example: if you are working with GBV victims/survivors in Lebanon, you need to consult with survivors from marginalised communities. These could be from LGBTIQ+, refugees, especially if undocumented, migrant workers especially live-in MDWs and those who 'illegally' work as freelancers, victims/survivors in rural areas, including PwDs, elderly women, and Bedouin women.

✓ How are the questions in the data collection tools formulated?

Take a minute to think about everyone involved. The examples below will give you an idea of how we might re-formulate our questions to gather all the information we need regarding access to services, risks faced, coping mechanisms, challenges, and needs.

Below is an example of needs assessment questions adapted for an intersectional gender analysis:

NEEDS ASSESSMENT QUESTIONS	NEEDS ASSESSMENT QUESTIONS
Are there latrines?	Where are they located? Does the location pose any gender and/or protection related risks? Are the latrines separate for women and men? Are they locked from the inside and illuminated? Do transgender people feel comfortable and safe using public latrines? Are latrines accessible for PwDs, people with mobility issues, and young children?
How many meals did the people in this household make yesterday?	How many meals and what types of food did babies, girls, boys, men, women and older adults take yesterday? Who prepared them? What dietary needs does each member of the family have?
What is the mortality rate?	What is the disaggregated mortality rate? What are the leading causes of death by sex? What are the main barriers for women and adolescent girls accessing health? What is the obstetrics-related mortality rate? What are the social customs around the disposal of dead bodies?
Do children face protection risks?	What specific protection risks do girls, boys, refugee children, children with disabilities and marginalised children face? How do gender norms, attitudes, and roles impact children? Is child protection legislation in place, and if so, are girls and boys considered equally? Is child marriage allowed by law? Female genital mutilation? Any other harmful practices? Is child labour taking place, for girls and/or boys?

Are MHPSS services in place?

Are MHPSS services in place and available for everyone: women, girls, men, boys, LGBTIQ+, refugees, migrants, and PwDs? Are services provided in all languages used by the affected population? Is information on those services provided in all languages, including for those who are illiterate and for PwDs? Is a survivor-centred approach used?

✓ What do you ask?

You would need to ask a set of general questions to get a general picture of the situation. The questions are embedded in the five domains that we will see in the next sections. These domains provide an overall picture of the situation of women and women's rights in a certain context.

In Annex III, you can find a list of specific questions linked to the humanitarian sectors that can be used to investigate specific situations more deeply.

When collecting data, it is advised to avoid the household as a measurement unit, as essential differences might be lost.

When using household units, the head of the household, often a man, usually answers for all family members.

To the extent possible, use individuals as measurement units to collect the information you need by asking each member separately and privately about their needs, capacities and challenges.



Decide your data-collection methods

It is recommended to use various methods to enrich the analysis and guarantee triangulation of information. Some participatory methods, like community mappings are especially recommended to engage the affected population from the beginning, and because they usually provide information that is hard to obtain otherwise, as they require establishing confidence and trust with the communities.

All data collection methods require informed consent from the rights holders. Before collecting data, you should clearly inform them of the method you will use, the purpose of the collection, and how their data will be used.

For example, storytelling might be used for communication purposes, usually in the shape of testimonies, but only if rights holders provide informed consent.

In the annexes III, IV, V, VI, and VII you will find several data collection tools, mainly developed by CARE and adapted for ABAAD, that are very useful for capturing gender information, as well as a suggested list of indicators and questions per different humanitarian sectors.

As previously stated, there is no need to reinvent the wheel. The data collection tools you regularly use work well, but we need to mainstream an intersectional gender perspective into them to capture the information we are looking for.

Below are some of the most used methods for data collection:

Focus Group Discussions (FGDs): FGDs are a qualitative data collection method. This method is based on a facilitated discussion with a group of people, usually 6 to 12, with a short list of guiding questions. FGDs are designed to gather in-depth information while saving time on data collection. They can delve into the beliefs and norms within specific community. However, data collected from FGDs might not be representative. You need to introduce the questions that provide a deeper insight into cultural beliefs and perspectives on different issues by gender (refer to Annexes III and IV for several choices and the gender indicator list per sector). Why is gender disaggregation needed? Due to the global patriarchy and other oppression structures, women, adolescent girls, PwD, LGBTIQ+ and others are systematically excluded from accessing their rights, receiving services, and accessing public spaces. Therefore, they do not feel comfortable speaking up in the presence of those who perpetrate or perpetuate those power dynamics. It is much easier to get their insights in a

To avoid reinforcing existing power dynamics, you must disaggregate FGDs by gender, age and any other relevant identity. Usually, better outcomes are achieved when FGDs are conducted by local staff who are part of the community and are as representative as possible.

To avoid reinforcing existing power dynamics in KIIs, you must carefully choose who can provide in-depth information on gender and intersectional aspects.

Key Informant Interviews (KIIs): KIIs are a qualitative and affordable data collection method. The one-on-one interviews with key informants could help uncover sensitive and in-depth information in the community. It is essential to consult with the affected population and the organisations that represent them. Remember that your KIIs are about gender and relevant social identities in your context. It is recommended to have a question script with the main topics you need information on, including gender specific ones.

When designing your data collection tools and conducting your fieldwork, you must consider your biases and prejudices, especially when preparing the guiding questions. Piloting the tools in advance with the community you are targeting is essential to identifying and addressing any potential issues early on.

To calculate your representative sample size, you can use this online calculator: <https://www.calculator.net/sample-size-calculator.html>

Surveys: Surveys are a method for collecting quantitative or semi-quantitative data from a sample of people. They are effective for gathering data from large groups and can provide valuable quantitative insights for analysis. When collected from a representative sample, surveys can be deemed representative. It is essential to include gender-specific questions and consider intersectional aspects in surveys. Conducting individual surveys is generally preferable to household ones, as doing so helps preserve gender and intersectional nuances. If individual surveys are not feasible, aim to conduct household surveys with women in a safe, private location where no one else can overhear the questions or answers.

To calculate your representative sample size, you can use this online calculator: <https://www.calculator.net/sample-size-calculator.html>

Community mapping: This method is used to map community assets and resources with the community. As with FGDs, it is advisable to conduct these participatory exercises with sex-and-age separated groups, as different genders and age groups will provide different (all valuable) information. In addition, techniques used with people below 18 must be child-friendly and guided by child protection specialists. This is also the case for hard to address topics, such as GBV. You need someone with specific knowledge on how to conduct the technique in a respectful and survivor-centred approach, to avoid triggering trauma.

Information provided by rights holders and key informants, including duty bearers and even perpetrators, is always used anonymously, unless express consent and willingness are provided.

Storytelling: Storytelling is a qualitative data collection method using narrative technique. It could be used as a feminist inclusive tool to leverage the rights holders' perspective. With this technique, you collect people's stories as they are told, without interpreting or analysing the information, only showcasing it. It is especially useful for collecting in-depth information for your advocacy efforts.

As a general recommendation, your team should include a psychological first aid specialist whenever you gather primary data. When collecting information from traumatised survivors, there is a risk of triggering trauma. Your questions must be sensitive and trauma-informed, ensuring they do not trigger trauma. Special training is required to guarantee this. The support of a psychosocial first aid responder is strongly advised. Additionally, be aware of the referral pathways available in the area where you are conducting data collection, as you may need to refer someone or provide information on existing referrals.

Summary of data collection methods

Data Collection Method	What is it?	Advantages	Disadvantages
Focus Group Discussions (FGDs)	<ul style="list-style-type: none"> Qualitative method In-depth facilitated discussion with 6-12 people 	<ul style="list-style-type: none"> Collects in-depth information Saves time & resources 	<ul style="list-style-type: none"> May not be representative Risk of reinforcing existing power dynamics Risk of bias Resource consumption (you might need to move people from one site to another to group them)
Key Informant Interviews (KII)	<ul style="list-style-type: none"> Qualitative method Interview with key personnel in a community 	<ul style="list-style-type: none"> Collects in-depth information Saves time & resources 	<ul style="list-style-type: none"> Risk of reinforcing existing power dynamics Risk of bias
Surveys	<ul style="list-style-type: none"> Quantitative/semi-quantitative method Conducted with individuals 	<ul style="list-style-type: none"> Collects and analyses quantitative information Representative 	<ul style="list-style-type: none"> Requires time & resources Lacks in-depth insights
Community Mapping	<ul style="list-style-type: none"> Qualitative technique Identifies and maps assets and resources in a community 	<ul style="list-style-type: none"> Participatory and empowering 	<ul style="list-style-type: none"> Requires people trained to conduct it Might reinforce power dynamics if not conducted properly Requires time to gain community trust
Storytelling	<ul style="list-style-type: none"> Qualitative technique Leverages the power of rights holders with the power of enumerators/social 	<ul style="list-style-type: none"> Feminist and inclusive Very useful for in-depth insights Can be used for communication and advocacy 	<ul style="list-style-type: none"> Might be hard to find people who want to be subjected to it Requires no interpretation at all





Step 4: Collect primary data

When designing the methodology and the information you will collect, you must consider the type of project you aim to develop, your targeted population, and the gender analysis framework you are using.

Remember to always collect sex and age-disaggregated data. When possible, provide further disaggregation such as sexual orientation, gender identity, disabilities, displaced population/refugees, and minorities.

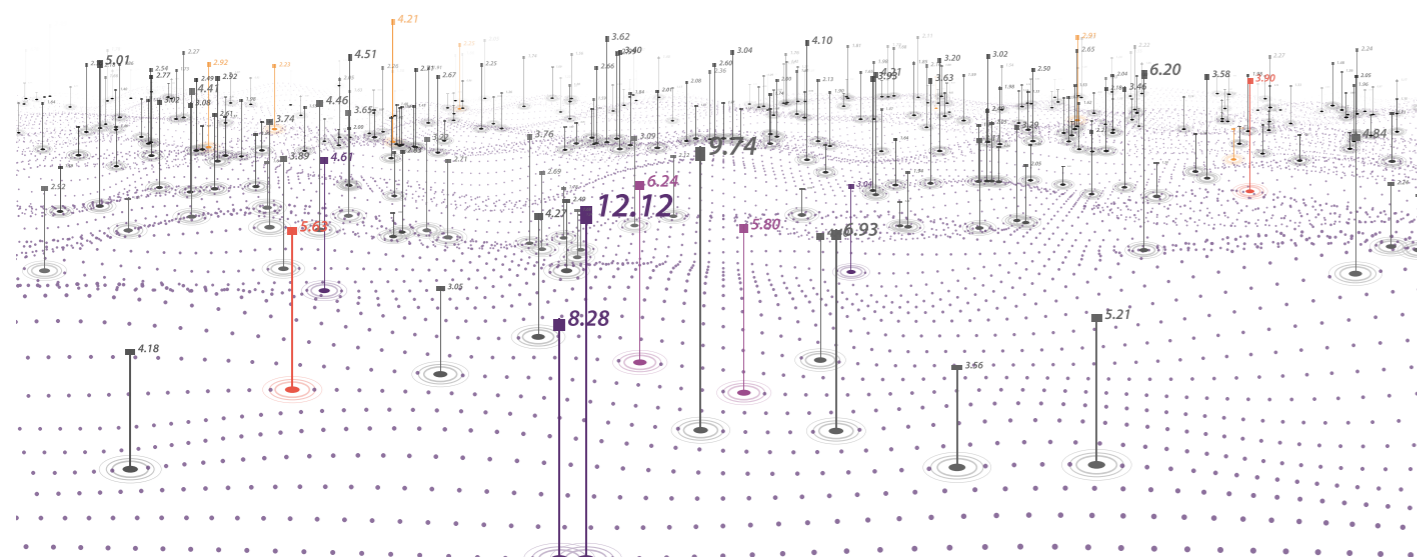
Once you have decided on the combination of tools you will be using, now is the time to **conduct primary data collection** by gathering the information you need for your specific project/sector/context in the field.

Example

if we aim to understand how the article 534 of the Lebanese Penal Code affects LGBTIQ+ individuals in Lebanon, we could run a FGD with the individuals in question to better understand the social, legal, and economic impact of this article on their lives, in addition to an in-depth interview with an organisation specialised in the issue and that can provide us with the legal or political perspective. This way, we would be covering several domains of a gender analysis, from access and control over resources, to power dynamics, laws and policies.

A key issue would be what questions we should include in each tool and whom we should target with each. This will depend on the kind of project you are aiming to develop, the targeted population, the sectors engaged, and the context you are working in (development, humanitarian, national, local, regional, etc.).

Based on ABAAD's programmes, data collection can be implemented by administering a survey to gather quantitative data, alongside one FGD per targeted group. You should account for as many intersectional factors as possible. Missing information can be supplemented through KIIs with representatives of groups you could not reach. The recommended number of FGDs depends on the sub-categories being reached (e.g., Lebanese women, refugee women, Lebanese men, refugee men). Conducting at least one FGD per category and continuing until data saturation is achieved is advisable.



Step 5: Analyse the data

Now that you have gathered the information with the tools you designed and the secondary data review, you need to analyse it. For this, you should refer to ABAAD's MEAL team and guidelines.

Example

An example of the emerging trends is the shift in power dynamics that the refugee population brings to and experiences within host communities, and vice versa. For instance, a study on adolescent Syrian refugees in Lebanon found that gender roles among them were changing. Syrian mothers voiced concerns about the influence of more liberal gender norms in Lebanese society on their children, particularly adolescent girls. Conversely, teenage girls reported experiencing increased control from their brothers after their displacement to Lebanon, compared to the previously less restrictive dynamics in Syria.¹⁵

Be open-minded. Your initial idea might have been challenged by the findings of the analysis. One of the first premises when working on gender issues is to get rid of stereotypes and previous (mis)conceptions. You will need flexibility to adapt your programme to your findings, resources, and the donors' requests.



¹⁵ ODeJong, J., Sbeity, F., Schlecht, J., Harfouche, M., Yamout, R., Fouad, F. M., Manohar, S., & Robinson, C. (2017). Young lives disrupted: gender and well-being among adolescent Syrian refugees in Lebanon. *Conflict and Health*, 11(S1). <https://doi.org/10.1186/s13031-017-0128-7>

A sound analysis looks for correlation and linkages among the findings to spot trends and patterns. You should not present raw data, but instead an elaborated analysis on the findings on gender dynamics and power imbalances at the individual, household, communities, and socio-political levels. You must present the findings in a coherent and relevant way. You will elaborate on the needs, barriers, challenges and capacities of the PIN. If you are working in a humanitarian setting, you might also have information on how all the latter have changed due to the impact of the humanitarian situation and who are those most affected by it.

If, during data triangulation, you encounter contradictory information, for instance, between primary and secondary data, or between qualitative and quantitative findings, you should revisit the process and identify the source of the discrepancy. This contradiction may stem from biased, poorly prepared, or inadequately piloted data collection tools. It might also suggest that respondents were uncomfortable sharing their true perspectives. In all cases, further investigation is necessary to determine the cause of the inconsistency, and, if needed, the data collection process should be repeated.

Your project/programme should aim to challenge power imbalances affecting gender, using cultural sensitivity and a Do No Harm approach. It should build on the capacities of the affected population and provide them with the necessary services/protection adapted to the specific vulnerabilities, needs, and discrimination/barriers identified.

The analysis might have also given you information for your future programming to target specific groups with specific needs. These groups and needs could be related to gender, age, health conditions, sexual orientation and gender identities, minorities, urban/rural settings, or other relevant factors.

Remember in your analysis that all donors want to see a sound knowledge on power dynamics, gender and social norms at different levels: individual, household, community and socio-political (inclusive of legal frameworks). They want to know who the most affected people are, their main needs, coping strategies, barriers, challenges, and capacities. Typically, you must also include a risk assessment including contextual and potential risks from your intervention. The first ones might be mitigated through the intervention, meanwhile, the second ones are your direct responsibility and MUST be prevented, such as the risk of Sexual Exploitation and Abuse (SEA) from your staff.

Gender analysis frameworks

Several gender analysis frameworks exist with plenty of resources, material, and examples on each one. Below are the most well-known frameworks along with their usage.¹⁶ You can refer to the footnote for the practical tools and uses of each framework.

Harvard Analytical Framework

Also known as the Gender Roles Framework or Gender Analysis Framework, it was among the first developed. It was created by the Harvard Institute for International Development in collaboration with USAID and was published in 1985. The framework maps the work and resources of men and women in a community while highlighting the differences and advocating for adequate resource allocation to women. It operates on the micro level and has four components: the Activity Profile, the Access and Control Profile - resources and benefits, Influencing Factors, and a Checklist for Project-Cycle Analysis.

People-Oriented Planning

This framework was adapted from the Harvard Analytical Framework for refugee situations. It was invented explicitly for the United Nations High Commissioner for Refugees (UNHCR) and aims to ensure an efficient and equitable distribution of services and donor resources. The framework has three components: the Determinants Analysis, (also called the Refugee Population Profile and Context Analysis), the Activities Analysis, and The Use and Control of Resources Analysis.

¹⁶ March, C., Smyth, I. A., & Mukhopadhyay, M. (1999). *A guide to Gender-analysis Frameworks*. Oxfam. <https://policy-practice.oxfam.org/resources/a-guide-to-gender-analysis-frameworks-115397/>

Moser Framework

This conceptual framework was developed by Caroline Moser in 1980. It aims to set up "gender planning" in its own right. It focuses on women's equality, equity and empowerment. The framework challenges unequal gender relations and renders gender planning a political and technical task. It has three concepts: women's triple role (reproductive, productive, and community work), practical and strategic gender needs, and a policy matrix of Women in Development (WID) approach versus the Gender and Development (GAD) approach.

Gender Analysis Matrix (GAM) Framework

The GAM was developed in 1993 by Rani Parker in collaboration with development practitioners. This framework relies on bottom-up analysis and a community-based approach. The matrix analyses four types of impact: labour, time, resources and socio-cultural factors. It also analyses four levels of society: women, men, household, and community.

Capacities and Vulnerabilities Analysis (CVA) Framework

The CVA was developed in the 1980s from a research project at Harvard University that examined 30 worldwide case studies of humanitarian interventions responding to crises. The CVA was designed to provide emergency aid in humanitarian and disaster interventions. Additionally, the framework can be used to assess long term change in social relations. The CVA matrix assesses the vulnerabilities and capacities of the affected population on three levels: physical/material, social/organisational and motivational/attitudinal.

Women's Empowerment (Longwe) Framework

The Women's Empowerment Framework was developed by Sara Hlupekile Longwe in 1995 in Zambia. It takes a practical approach to women's equality and empowerment and critically assesses whether development approaches support this empowerment. It is helpful for transformative planning, monitoring and evaluation, while focusing on practical and strategic elements. The framework assesses women's empowerment based on the level of recognition of women's issues, specifically: welfare, access, conscientisation, participation, and control. The level could be assessed as negative, neutral, or positive.

Social Relations Approach

The Social Relations Approach to gender and development planning was developed by Naila Kabeer in the 1990s at the Institute of Development Studies at the University of Sussex. It was created in collaboration with peers from the Global South and relies on a socialist feminist background. The framework analyses gender inequalities in the distribution of resources, responsibilities, and power, with the intention of developing policies and programmes where women are agents of their development. The framework relies on three key elements: development and human wellbeing, social relations, and institutional analysis (on the level of state, market, community and family/kinship).

The frameworks above present a wide range of tools and approaches to conduct gender analysis. The choice of framework will depend on your project, approach, and context. For instance, People Oriented Planning is helpful if your project primarily tackles refugees, while the CVA approach is more useful if your programme/project is responding to a crisis. Additionally, the GAM framework analyses impact on four levels of society, including men, which can be specifically valuable for ABAAD's programmes. Most importantly, the choice of the gender analysis framework will depend on the donor and their preferred framework and approach, as explained in the next section.



Main donor frameworks for gender analysis

Your analysis must be clear and coherent for the donor, as they do not know the context in which you operate. Moreover, most of the information needed for the donor to assess your proposal will come from your own analysis and presentation.

Bear in mind who your donor is. There are several gender analysis frameworks, and different donors request different frameworks and specific ways of presenting the information, as will be explored in this section. In the next section, you can find a **common framework** developed for ABAAD that includes all the necessary components for conducting a gender analysis.

United Nations Development Programme (UNDP)

For the UNDP, a gender analysis looks as follows:

(1) Sex-Disaggregated Data + (2) Analysis + (3) A Gender Perspective Integration = Gender Analysis

Like many UN agencies, UNDP does not request a specific template for presenting information. Instead, it seeks basic elements and components we have already discussed, along with a coherent narrative on rights holders and duty-bearers, power dynamics, decision-making dynamics, the population's needs, aspirations, and capacities. The information should be disaggregated by sex, age, gender, disabilities, and other relevant factors. The more disaggregation you can provide, the deeper and more meaningful your analysis will be.

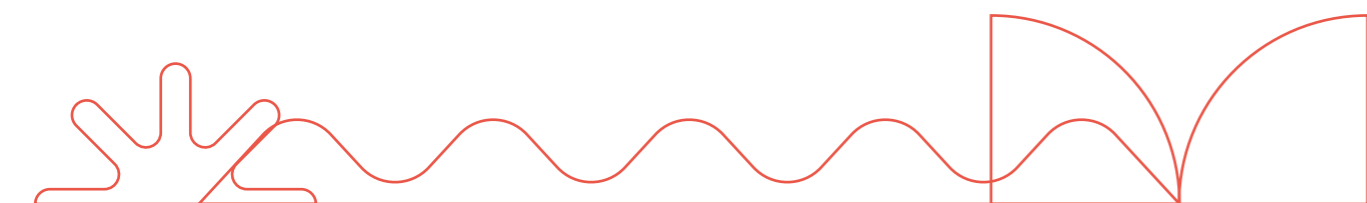
UN developed a Gender with Age Marker of its own, following the European Commission initiative. The marker is quite similar to the one designed by DG ECHO, but one of the main differences is that funding depends on your score on the marker. This is not the case with the European one, yet, although people assessing proposals do bear in mind the scores when providing an overall assessment on whether to provide funding.¹⁷

Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)

The DG-ECHO will ask you to fill out The Single Form.¹⁸ The form comprises 17 sections to fill in, including the Gender and Age Marker (Section 6).

The Gender and Age Marker will assess four areas:

1. Does the proposal contain an adequate and brief gender and age analysis?
2. Is the assistance adapted to the specific needs and capacities of different gender and age groups?
3. Does the action prevent/mitigate negative effects?
4. Do relevant gender and age groups adequately participate in the action's design, implementation and evaluation?



¹⁷ The IASC Gender with Age Marker. <https://interagencystandingcommittee.org/iasc-gender-age-marker>

¹⁸ You can find comprehensive information on how to fill in a Single form in: <https://www.dgecho-partners-helpdesk.eu/ngo/action-proposal/fill-in-the-single-form>

Based on the answers, each action will be marked with a score (0-2). The mark is calculated automatically using the following scale. **Remember that the mark assesses results, not efforts.**

The action does not deal directly with affected populations, mainly logistic – interventions, such as air transport of aid	N/A (this only applies to very few)
The action meets none or only one criterion	0
The action meets 2 or 3 criteria	1
The action meets all 4 criteria	2

As this tool measures results, not efforts, organisations should demonstrate the actual results they achieved, not their efforts. For instance, trying to reach out to local partners for interviews will not be considered; what will be is conducting these interviews by finding an alternative way if the first one is unsuccessful.¹⁹

The following table illustrates where you should include the information gathered in section 6 on the Gender and Age Marker.

Gender Marker areas	Sections of the Single form where information should be included (in addition to section 6)
Gender analysis	"Problem needs and risk analysis" and "beneficiaries"
Adapted assistance	"Logic of intervention"
Prevention/mitigation measures	"Risk analysis" and the "logic of intervention"
Active participation	"Involvement of beneficiaries"



¹⁹ Gender-Age Marker Toolkit. European Commission. http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf

Japanese Bilateral Agency for Cooperation (JICA)

JICA employs three approaches related to gender in making funding-allocation decisions:²⁰

1. Gender mainstreaming throughout the following thematic areas:

- Women's economic empowerment
- Women's peace and security agenda (WPS)
- Women's education and lifetime health
- Gender-equal governance
- Gender responsive infrastructure

2. Promotion of Gender Smart Business (GSB)

JICA contributes to promoting GSB by supporting the development of relevant policies and systems, human resource development, and financing to promote women's entrepreneurship, leadership and employment, and market development.

3. Elimination of SGBV

To eliminate SGBV, it is necessary to eliminate gender-based discrimination and social norms and stereotypical gender roles, and to work to build a society that does not produce SGBV. It is also essential to create an environment where perpetrators are appropriately punished and to implement mechanisms in which SGBV survivors are protected and supported in their livelihoods. JICA contributes to creating a society that does not tolerate SGBV of any kind by developing relevant policies and systems, human resource development, awareness-raising, and education in communities.

JICA views programmes/projects addressing toxic masculinities and social behaviours favouring patriarchal and rigid social norms positively.

So far, in the MENA region, JICA has funded or is funding projects in Algeria, Palestine, Morocco, Syria, Yemen, and Tunisia. It has offices in Iraq, Iran, Egypt, Syria, Tunisia, Palestine, and Jordan.

Swedish International Development Cooperation Agency (SIDA)

SIDA offers a comprehensive guide on gender analysis. It looks for the following principles in a gender analysis:²¹

- Conciseness
- Continuity to what has been done before
- Relevance and usefulness
- Focus on questions and data collection methods
- Focus on the expert conducting the analysis
- Diversity in data collection (gender, ethnicity, class, sexual orientation, etc.)
- Including sex disaggregated data
- Use of a gendered (not gender neutral) language
- Use of specific analysis questions
- Combination of quantitative and qualitative data

The key elements that need to be considered in a gender analysis are derived from the Moser framework, and therefore, its tools can be used to conduct the analysis. The elements are:

- Sex and gender
- Gender roles and responsibilities
- Productive, reproductive, and community work and their gender attributions
- Resources: economic, productive, political, and time. Who has access, control, and benefits from them.

A gender analysis needs to consider the practical gender needs related to everyday life (such as child-care) and the strategic gender needs related to shifts in gender roles and relations (such as the need to get a job) and their coincidences.

Moreover, SIDA encourages an intersectional approach to gender analysis, where the crosscutting of gender with other social variables such as age, ethnicity, class, religion, disability, sexual orientation, etc. is studied. The intersectionality focuses on the production of power relations and inequalities and the interaction of different forms of oppression.

²⁰ *Toward a society where every individual, regardless of gender, can fulfill their potential.* JICA. https://www.jica.go.jp/Resource/english/our_work/thematic_issues/gender/dbil86000000v039-att/agenda_01.pdf

²¹ *Gender Tool Box: Gender Analysis – Principles & Elements.* (2015). In Swedish International Development Cooperation Agency. <https://cdn.sida.se/publications/files/sida61853en-gender-analysis-principles-elements.pdf>

Foreign, Commonwealth & Development Office / UK Aid Match

The Foreign, Commonwealth & Development Office in the United Kingdom considers gender analysis a process that can be "used to identify, understand, and describe gender differences and the relevance of gender roles and power dynamics in a specific context".²²

Gender analysis = Impact of development policies and programmes on women and men + Collection of sexdisaggregated and gendersensitive data

According to UK Aid Match, a gender analysis examines the roles, rights, and opportunities of men and women and the disparities between them: their sources, effects, and solutions.

While the UK Aid Match gender equality guide does not provide specific requirements for conducting a gender analysis, it does offer gender considerations that need to be contemplated at each stage of the project cycle:

1. Identification. During this stage, a gender analysis should be conducted to understand the patterns and norms relevant to the project. This stage gathers the needs, priorities, experiences, and roles of men, women, boys, and girls and understands the context in which they operate.
2. Planning and Implementation. To achieve the project's objectives, all issues identified in Stage 1 must be addressed in this stage. This stage outlines the involvement of the target groups, gender barriers, and the key participants required for the project.
3. Monitoring. Gender-related monitoring can include questions on sex and age disaggregation, gender-specific indicators, and lessons learned related to gender equality.
4. Evaluation. Considering the gender analysis conducted in the identification phase, the evaluation should assess the gender impact within the community and any unintended or negative genderrelated outcomes.
5. Learning. Sharing gender related lessons learned among the grantees and with the UK Aid Match is essential

The UK Aid Match suggests using several gender-sensitive tools throughout the project, such as Sex-disaggregated data, FGDs, KIIs, Pair-wise ranking, Seasonal activity calendars, Access and control profiles, Transect walks, and Venn diagrams.

Additionally, below are the gender related questions relevant to UK Aid Match grantees:

- Is there a gender equality policy?
- What does this look like?
- Is there a gender equality strategy, and how is it being adopted across the organisation?
- Does the organisation have the needed capacity in gender?
- Are internal systems engendered?
- These are the questions relevant to UK Aid Match grant implementing partners:
- Do the partners have a robust gender policy?
- Is this policy supported by a clear strategy to embed gender equality across all elements of work?
- Do partners have the capacity to manage and implement projects in a gender sensitive way?
- Do the projects being implemented represent potential opportunities for learning about gender for the staff?

²² Gender equality. UK AID Match

<https://www.ukaidmatch.org/wp-content/uploads/2016/04/UKAM-Guidance-gender.pdf>

Norwegian Ministry of Foreign Affairs (MFA)

The MFA does not provide explicit requirements for a gender analysis. However, as gender equality is part of Norway's foreign policy, the MFA suggests that development projects integrate cross-cutting issues, including women's rights and gender equality.

As part of the risk analysis matrix, the S01 form²³ used for funding applications must include any negative impact on women's rights and gender equality that needs to be identified early in the project planning phase.

Summary of donor frameworks for gender analysis

Donor	Relevant gender/gender analysis requirements
United Nations Development Programme (UNDP)	<ul style="list-style-type: none"> • No specific template • Gender Analysis = Analysed Sex-Disaggregated Data+ Gender Perspective Integration • Funding dependent on Gender and Age Marker's scoring
Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)	<ul style="list-style-type: none"> • Assessment of results not efforts • Proposal scoring based on four criteria: Adequate and brief gender and age analysis; Targeted assistance; Prevention and mitigation of negative effects; and Adequate
Japanese Bilateral Agency for Co-operation (JICA)	<p>Funding focused on three approaches:</p> <ul style="list-style-type: none"> • Gender mainstreaming including Women's economic empowerment, Women's peace and security agenda (WPS), Women's education and lifetime health, Gender-equal governance, and Gender responsive infrastructure • Promotion of Gender Smart Business (GSB) • Elimination of Sexual and Gender-based Violence (GBV) • Interest in programmes/projects tackling toxic masculinities and social behaviours favouring patriarchal and rigid social norms
Swedish International Development Cooperation Agency (SIDA)	<ul style="list-style-type: none"> • Based on the Moser Framework • Analysis of four key elements: Sex and gender; Gender roles and responsibilities; Productive, reproductive, and community work and their gender attributions; Resources: economic, productive, political, and time • Inclusion of practical and strategic gender needs • Use of an intersectional analysis
Foreign, Commonwealth & Development Office / UK Aid Match	<ul style="list-style-type: none"> • Gender analysis = Impact of development policies and programmes on women and men + Collection of sexdisaggregated and gendersensitive data • Focus on the impact of development policies and programmes on women and men • Examination of: roles, rights, disparities and opportunities of men and women • Importance of mainstreaming gender into the project cycle
Norwegian Ministry of Foreign Affairs (MFA)	<ul style="list-style-type: none"> • Integration of cross-cutting issues, including women's rights and gender equality, into the project • Gender related risks need to be analysed in the risk analysis

What are the gender analysis domains?

The five domains framework²⁴ is the framework requested by North American donors, particularly USAID's Bureau for Humanitarian Assistance (BHA) and Canada. The five domains for conducting a gender analysis are:

1. Access and control over assets and resources
2. Cultural norms and beliefs
3. Does the action prevent/mitigate negative effects?
4. Patterns of power and decision-making
5. Roles, Responsibilities, and time used

²³ Forms and guides. Norwegian government.

https://www.regjeringen.no/en/dep/ud/grants/project_application/id612525/

²⁴ Gender at USAID. USAID. (Accessed before 2025, prior to the shutdown of the USAID website) https://www.usaid.gov/sites/default/files/documents/1865/Gender_USAID.pdf

Access to Assets/Resources

A person's ability to use financial and other resources/assets. The capacity to access resources is critical to being a fully active and productive (socially, economically, and politically) participant in society.

Beliefs and Perceptions

This domain refers to people's attitudes and thoughts. It also involves understanding how people interpret aspects of their lives differently according to their gender identities.

POWER

Practices and Participation

What people do and how they act in daily life—and how this varies by gender. It includes attending meetings, participating in training courses, accepting or seeking out services, and other activities.

Institutions, Laws, & Policies

How gender affects the way people are regarded and treated by both customary law and the formal legal code and judicial system.

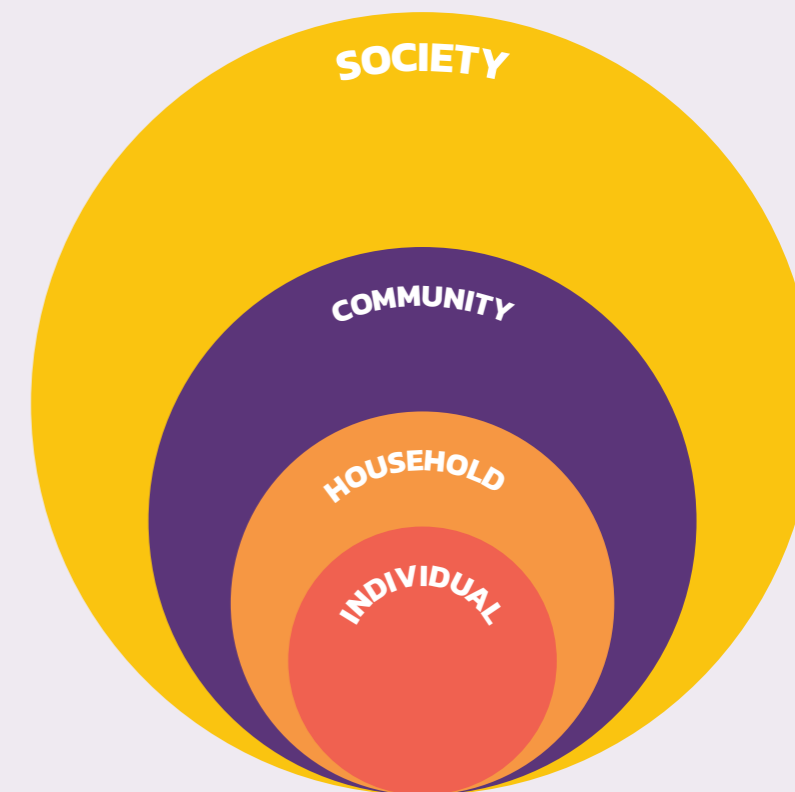
The five domains framework - Adapted from ABAAD Gender Integration Toolkit

The different levels at which you should assess the impact of the mentioned domains are:

1. Individual level: ethnicities, classes, races, ages, disabilities, national origins, and any other relevant intersectionality factors
2. Households and families
3. Social relationships (community)
4. Civil society and government

Socio-Echology Model

Allows us to see where gender norms and stereotypes are created and reinforced, and identify potential entry points for programming



Adapted from ABAAD Gender Integration Toolkit

Levels →	ABAAD	Household (HH)/Families	Community	Health Facility	Districts
↓ Domains					
Access to and control over assets and resources	KII	FGD + HH surveys	Community mapping	KII + Surveys	Surveys and secondary data review
Cultural norms and beliefs	FGD	FGD + HH surveys	FGD	KII + FGD	Surveys and secondary data review
Patterns of power and decision making	KII	HH Surveys	FGD	KII + Surveys	Surveys and KII
Laws, policies, regulations, and institutional policies	KII	HH Surveys	FGD	KII + FGD	Surveys and secondary data review
Roles, responsibilities, and time used	KII	HH Surveys	Community mapping	KII + surveys	Surveys and KII

You will find several examples of topical questions for each domain/level at:

<https://gender.jhpiego.org/analysistoolkit/the-gender-analysis-tool-with-topical-questions/>



When collecting information on the five domains, certain data collection tools are better suited than others to provide the necessary information. To gain insights on access versus control of resources, cultural norms and beliefs, roles, responsibilities, and time used, it is advisable to use KIIs and FGDS. In the case of roles and responsibilities, both FGDS and community mapping through drawing can also be very helpful.²⁵ Conversely, to assess laws, policies, and regulations, secondary data review and KIIs are more suitable.

²⁵ You can find several data collection tools for gender analysis in the annexes IV, V, VI, VII.

Common gender analysis framework for ABAAD

To simplify the frameworks discussed in the previous two sections, this section provides an umbrella framework that includes the common elements you will encounter in all frameworks that you MUST seek in your intersectional gender analysis.

You must always gather information on and analyse:

- ✓ Gender traditional roles and social norms: these include analysing different levels:
 1. National/State level: legislation and policies, as well as gender and human rights mechanisms
 2. Community level: social norms and beliefs alongside local institutions and policies.
Remember, some States are more decentralised than others
 3. Individual level: attitudes and personal beliefs
- ✓ Control over and access to resources: you must differentiate between having access to resources, such as accessing money, and having control over them, such as who makes the decision on money allocation within a household or in a community.
- ✓ Information on barriers and challenges to access services, protection and rights by different populations: by whom, why, how, what?

Your evidence must be supported by disaggregated data, not just by gender and age. Go above and beyond. Donors want to understand who the most vulnerable populations are and why. Remember that some intersectionality factors (social identities) will be universal, while others are contextual and require social research to be fully explored.

Some social identities that produce discrimination almost everywhere:

Gender and Gender Identity: Gender is a social construct and a personal choice. However, many individuals are subject to policing or criminalisation based on their gender identity.

Sexual Orientation and Gender Expression: LGBTIQ+ individuals across the world face varying levels of legal and social discrimination, depending on the context and country.

Race: Racialised individuals often experience greater discrimination than Caucasian (or white) individuals in the same situations. As race is a social construct,²⁶ not a biological one, the nature of racial discrimination is context-dependent.

Disability Status: PwD frequently encounter both institutional and societal discrimination, limiting their access to services, rights, and opportunities.

Age: Children and elderly individuals tend to face increased vulnerabilities. Adolescent girls are at heightened risk of SGBV, as highlighted by UN Women and the World Health Organisation (WHO).

Socio-Economic Status: Individuals with low income and limited literacy face compounded forms of discrimination.

People on the move, especially if undocumented: Migrants, refugees, asylum seekers, and stateless individuals face heightened vulnerability due to legal status, restricted access to services, and social marginalisation.

Some additional social identities that lead to discrimination, specifically in Lebanon:

Gender Identity and Sexual Orientation: Under Article 534 of the Lebanese Penal Code, LGBTIQ+ individuals are penalised. In addition to facing legal discrimination, they are subject to widespread social stigma.

Religion and Sect: Personal status laws in Lebanon vary according to one's religion. As a result, matters such as divorce, marriage, and child custody are governed by the person's sect, often leading to unequal treatment.

Geography: A person's place of residence affects their proximity to big cities and access to essential services. Furthermore, different areas are often influenced by different cultural norms and religious beliefs.

Education: Access to opportunities is heavily influenced by the type and quality of education received, particularly whether it was obtained through public or private institutions.

Migration, Refugee Status, Displacement, and Statelessness: This applies to groups such as MDWs under the Kafala system, Syrian and Palestinian refugees, IDPs, and stateless Bedouins. The lack of documentation further hinders access to rights and services.

Marital Status: In certain communities, divorced women face heightened social stigma.

²⁶ Morey, R. (2023). WHAT IS THE BIOLOGICAL BASIS FOR RACE - IMPLICATIONS FOR PSYCHIATRIC GENETICS. *European Neuropsychopharmacology*, 75, S47. <https://doi.org/10.1016/j.euroneuro.2023.08.095>

- ✓ Identify and analyse the strategic and practical needs of different population groups:

Practical needs: refer to the immediate, day-to-day needs that women and men, or any gender group, have as a result of their position in society.

Strategic needs: involve longer-term goals aimed at transforming the social, economic, and political structures that perpetuate gender inequality. Strategic Gender Needs (SGNs) are about challenging and changing the power dynamics that define gender relations in a society.

Example

If statistics and secondary data reveal that adolescent girls in a rural area in Lebanon are prone to drop out of school due to household care duties, you should corroborate your findings through your primary data collection and provide in-depth explanation on the facts. You could ask why adolescent girls are more prone to drop out than adolescent boys? What social norms are they abiding by? Are they pressured by other family members? Does nationality, class, legal status, or religion, play a role in this decision? Are harmful practices, such as child marriage affecting this occurrence? What are the practical and strategic needs of these adolescent girls?

When addressing SGNs you will be operating an intersectional gender transformative programme, meanwhile if only practical needs are addressed, it will be – at its best – a gender sensitive programme.

- ✓ Identify and analyse the risks at both levels, contextual and programmatic. Alongside this analysis, you should be able to provide mitigation measures for contextual risks and prevention measures for programmatic risks, such as Protection from Sexual Exploitation and Abuse (PSEA).
- ✓ Explain how the affected population participated in the assessment and how the programme intends to foster meaningful participation of rights holders alongside the whole programme cycle.

ANALYSING THE DATA

You should search for connections and linkages that lead to reasonable and plausible conclusions, which you can verify through triangulation. You can infer patterns of power and patterns of decision-making from secondary data collection and from the information gathered through the other tools, including non-participatory observation.

For example, by offering a comprehensive analysis of roles and responsibilities, you should address the following questions:

1. Who are the breadwinners?
2. Who are the breadwinners?
3. Who has access to resources versus who has control over them?
4. Who makes decisions at all levels? (family, community, political)

Upon gathering all that information, you can conclude who the decision-makers are and who holds power on different levels (family, community, government), and you will need to explain this comprehensively.

Be as specific as possible. Avoid assumptions and generalisations. For example, if you are exploring SGBV, do not merely state that SGBV is ongoing (this is the case worldwide); instead, provide as many specifics as possible. The more detailed you are, the richer your analysis will be, and the better it will inform the entire programme. In-depth GBV questions can include:

1. What types of SGBV are prevalent?
2. Who suffers from them?
3. Who are the perpetrators?
4. What services are available for victims/survivors? Are these services community-based? Do they use a survivor-centred approach?
5. What are the referral pathways available?
6. How is police enforcement perceived by potential victims/perpetrators?
7. What does national and local legislation state about the SGBV types identified?
8. What are the social and community attitudes, beliefs and behaviours towards these forms of SGBV? And towards the survivors/victims?

Practical tips on presenting the information to the donor: it is recommended in the five-domain framework to present the information top-down. This means starting with the policy and legal frameworks, shaping rights in a given context, and then scaling down, one by one, to the other levels, establishing cause-and-effect linkages. Likewise, it is usually more coherent to analyse:



This way, you would be setting an overall framework and analysing its implications from the top down until you reach your potential rights holders

For example, in Lebanon:

1. Explain the legislation and policies regarding SRH rights. When assessing public policies from a gender perspective, you will end up with the following options:

- Gender unequal: perpetuates gender inequality by reinforcing unbalanced norms, roles and relations.
- Gender blind: ignores gender issues.
- Gender sensitive: considers gender issues, but does not aim for structural changes, instead, it addresses practical needs.
- Gender specific: targets and benefits a specific group of women or men to achieve particular policy or programme goals.
- Gender transformative: tackles the causes of gender-based inequities, promoting gender equality by addressing the strategic needs of the most marginalised and, therefore, aiming to change prevalent harmful power dynamics.

2. Explain power and decision-making patterns in general but landed in SRHR. Do women and girls enjoy bodily autonomy? Are women part of decision-making processes regarding health at large and SRHR in particular?

For instance, Article 522 of the Lebanese Penal Code, which allowed rapists to evade prosecution by marrying their victims, was abolished in 2017 following advocacy from WROs, particularly ABAAD and Kafa. Despite this legal change, many communities in Lebanon still hold the belief that marrying a woman to her rapist will erase the associated 'shame'.

3. What are the cultural norms and beliefs around SRHR?

4. How do these enrooted beliefs affect access and control over resources at different levels (political, household, community)?

5. How does all of it shape the responsibilities, roles, and time used regarding SRHR of women, girls, men, boys, and LGBTIQ+? (Remember to disaggregate by as many relevant identities as possible).

The depth of your analysis will depend on several factors that we have discussed:

- Your desk review and sources consulted
- The data collection tools developed and applied
- The participation of the affected population and consultations held with both, affected populations and organisations representing them, and your overall analysis
- The intersectional gender perspective applied throughout the whole process

The more data collection tools you use, the better. However, it is not just about quantity. Data collection tools must be culturally appropriate, relevant to your rights holders, and inclusive of those who are most marginalised.

Depending on these facts, your analysis will end up being:

- **GENDER BLIND:** No attention is paid to gender aspects, which are therefore not included in the programme. The Do No Harm Approach is not respected.
- **GENDER SENSITIVE:** Gender considerations are incorporated to address needs and capacities when tailoring the programme, yet the root causes of inequalities remain unaddressed.
- **GENDER TRANSFORMATIVE:** Programmes that create opportunities for individuals to actively challenge gender norms, promote positions of social and political influence for women, girls, LGBTIQ+ and the most discriminated against in communities, and address root causes of inequalities and power imbalances.



ANNEXES²⁷

ANNEXE I	Internal resources
ANNEXE II	External resources
ANNEXE III	List of suggested indicators to be used for M&E
ANNEXE IV	FGD tool
ANNEXE V	KII tool
ANNEXE VI	Household survey tool
ANNEXE VII	Community mapping tool
ANNEXE VIII	Gender analysis example (BHA and USAID)
ANNEXE IX	DG ECHO gender and age marker 4 areas and sub-questions
ANNEXE X	How to work with men as allies

²⁷ Some annexes were edited for clarity and adapted for ABAAD's use, incorporating an intersectional aspect.

Annex I

Internal resources

Below is an intersectional gender analysis checklist developed to support ABAAD in the field, by checking if you are gathering the necessary information. The checklist should be enriched by ABAAD's own experience.

In addition, this section includes a GBV-specific checklist and some comparative notes on what to gather in rapid gender assessments (conducted with onset crises) versus gender assessments (conducted regularly).

When conducting assessments, there are usually two phases, particularly in the case of onset, unpredictable crises. In the initial phase, you need to perform a rapid assessment to begin designing and planning services and assistance. However, throughout the emergency, you must conduct a deeper analysis to understand the nuances and make all necessary adjustments.

INITIAL RAPID ASSESSMENTS	IN DEPTH JOINT ASSESSMENTS
Collect and analyse disaggregated data on sex, age, and disability (and any other relevant intersectionality factors).	Secure the involvement of women in assessments and, where feasible and appropriate, break these categories down to include youth, people with disabilities, LGBTIQ+ individuals and other relevant identities (minorities, those most discriminated against, etc.)
Consult with WROs, WLOs, feminist, youth, human rights and LGBTIQ+ organisations to ensure that the particular circumstances, needs, priorities and capabilities of their rights holders are fully understood.	Analyse the specific priorities, capacities and needs of all women in each location affected by the crisis.
Ensure an equal balance of men and women from diverse identities on the assessment team (try to make the team as representative as possible. Where and when feasible, include a gender specialist and protection/SGBV specialist as part of the team.	Be aware of possible biases in information collection and analysis. For instance, if refugee women were not consulted, the identified priorities would not reflect the needs and priorities of the whole affected community.
Use participatory methods.	Be aware of information gaps, especially when responses and information vary. This also applies to information gaps in different languages, especially those spoken by minorities and to information gaps due to lack of adaptation to diverse disabilities and to different literacy levels.
Map the existing services and trace referral pathways for specific services such as SGBV interventions.	Trace or cross-check data from various sources and multiple perspectives to obtain consistent information and validate findings.
-	Engage local women's organisations and women's leaders, LGBTIQ+ networks, and youth organisations as sources of more accurate information on women's full diversity.

Intersectional Gender analysis/assessment checklist questions. Answer Yes/No if you have collected the following information:	Yes	NO
What protection risks are diverse women - especially those most marginalised, like Women with Disabilities (WwD), refugee women, sex workers, poor women, and GBV victims/survivors - facing?		
Have you checked with all the affected population? Especially with those most marginalised? (e.g., WwD, LGBTIQ+ community, refugees, sex workers, drug users, adolescent girls, women and girls in conflict with the law, and widows)		
What are the prevailing social norms and beliefs regarding gender, sexual orientation, gender identity, disabilities, and so on? (Be as specific as possible per community; try to avoid being general)		
What information is available regarding protection risks? In the event of a humanitarian crisis, have the risks changed since the crisis began? (At field level)		
Have you checked the main secondary data available?		
How do legal frameworks affect gender and protection needs and access to justice?		
Have you identified the primary frontline responders representing those most marginalised?		
Have you consulted with everyone, with a special focus on those most marginalised?		
What is the prevalence of harmful cultural practices such as arranged and child marriage?		
What survival needs (food, WASH, education, fuel, etc.) are putting women and children - especially girls and adolescent girls - at risk of harassment, abuse, exploitation, or violence due to their location or the means used in service provision/distribution? (Field information would be essential)		
What broad protection factors may exacerbate the risks of GBV in a particular setting? (refugee camps, peri-urban areas, war-affected zones, etc.)		
Are certain women unable to access services due to social exclusion, mobility limitations, safety concerns, or territorial and administrative divisions? (women living in remote areas, refugee camps, urban settings, areas in conflict, or areas affected by natural hazards)		
Are there "alternative" service providers or other solutions, like mobile integrated clinics, to provide services in remote areas lacking protection?		
Do women have real opportunities to voice their protection concerns to humanitarian workers and/or frontline responders? (REMEMBER THAT BROAD CONSULTATIONS WITH THE AFFECTED POPULATION - IN THIS CASE WOMEN - ARE ESSENTIAL IN ASSESSING THE SITUATION, DESIGNING 57 AND PLANNING AN ADEQUATE RESPONSE)		
Are women confident that security and/or police forces can provide formal protection against the gender-related risks they face? Do they feel comfortable going to the police (and other institutional stakeholders)?		
Do women have access to a fair and accessible judicial system with follow-up support services? (Judicial institutions, WROs and WLOs, PwDs, etc. can provide this information through feedback and satisfaction surveys, as well as their past experiences.)		
Have you thoroughly identified the risks? Both contextual and from your intervention?		
Have you thoroughly considered mitigation and prevention measures?		
Do you have a PSEAH policy and mechanism in place that is accessible to everyone? (including PwDs, children, and illiterate individuals?)		

Gender analysis specific SGBV checklist questions <i>Answer Yes/No</i>	Yes	NO
Have you identified the specific forms of SGBV in the area where you are working?		
Are essential and lifesaving SGBV services in place?		
Are services provided with a survivor-centred approach?		
Is Clinical Management of Rape (CMR) implemented effectively and in a survivor-centred approach?		
Is there a duty to report? Who is responsible for it? What does this mean for victims/survivors?		
Are services available 24/7?		
Are services available for everyone, including WwDs, especially those with mental disabilities, children, refugee women, illiterate women, sex workers, and women and adolescents deprived of freedom?		
Are there safe emergency shelters? If so, where, and how to reach them, and are there admission criteria?		
Are services provided in one-stop-centres?		
Are both clinical and non-clinical staff trained adequately on the survivor-centred approach?		
Are rape-kits available in the main health facilities?		
Do you have an updated, comprehensive referral pathway directory, including all organisations providing services?		
Are services offered in all available languages in that area, including disability-focused languages and those for illiterate women?		
Is information about referral pathways disseminated in all available languages and adapted for individuals with disabilities and those who are illiterate?		
Are there safe spaces established for women? Where are they? Which stakeholders are involved? Who coordinates them? Are they operational 24/7?		

Annex II

External resources

This annex contains valuable external resources for conducting gender analyses. It includes links to various gender analysis toolkits and handbooks from several humanitarian organisations, along with an example of a rapid gender analysis conducted in Lebanon.

- The Gender Handbook for Humanitarian Action. It is currently the most comprehensive guideline on mainstreaming gender into humanitarian action, by the UN system.
https://interagencystandingcommittee.org/system/files/2018-iasc_gender_handbook_for_humanitarian_action_eng_0.pdf
- Gender in Emergencies Guidance Note: Using the Rapid Gender Analysis Assessment Tools. CARE toolkit on conducting a gender analysis at the onset of a crisis (natural disaster, armed conflicts, pandemics, etc.).
https://www.careemergencytoolkit.org/wp-content/uploads/2017/04/GiE-guidancenote_Using-the-RGA-assessment-tools.pdf
- Global Affairs Canada Gender Analysis: step by step guidance by Global Affairs Canada on how to conduct a gender analysis.
https://www.international.gc.ca/world-monde/funding-financement/gender_analysisanalyse_comparative.aspx?lang=eng
- John Hopkins' Gender Analysis Toolkit for Health Systems. This toolkit is centred on the requirements of North American donors, such as USAID and BHA, and is particularly recommended for health practitioners.
<https://gender.jhpiego.org/analysis/toolkit/introduction/>
- The Inter-Agency Standing Committee (IASC) Gender with Age and Diversity Marker. It provides practical steps to mainstream gender throughout the programme cycle – available in English, French, Arabic and Spanish. In 2020, it underwent a comprehensive revision to include topics on diversity, primarily focusing on disability and LGBTIQ+.
<https://www.iascgenderwithagemarker.com/en/home/>
- The DG ECHO Gender-Age Marker Toolkit, developed by the European Commission, following the latter. It also outlines four practical steps to mainstream gender into humanitarian programmes and provides more detailed guidance on conducting a gendered risk assessment to ensure adequate prevention and mitigation measures.
https://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf
<https://www.dgecho-partners-helpdesk.eu/mssa/action-proposal/fill-in-the-single-form/6-gender-and-age-marker>
- Intersectional resource guide and toolkit developed by UN Women to help you better understand intersectionality and how to effectively mainstream it.
<https://www.unwomen.org/sites/default/files/2022-01/Intersectionality-resource-guide-andtoolkit-en.pdf>
- Global GBV sub-cluster (also called Area of Responsibility) resources: from policy-briefs to statistics, tools and a global database for IDP's laws and policies. It also has a helpdesk for users to contact if further information or support is needed.
<https://www.globalprotectioncluster.org/themes/gender-based-violence/>
- Incorporating intersectional gender analysis into research on infectious diseases of poverty: a toolkit for health researchers developed by the WHO.
<https://apps.who.int/iris/handle/10665/334355>
- Rapid Assessment: Gender, Conflict and Internal Displacement in and from South Lebanon, CARE International in Lebanon. A useful example of a rapid gender analysis conducted in the South of Lebanon.
https://lebanon.unwomen.org/sites/default/files/2024-03/lebanon_rga_south_displacement_final-8_march_2024.pdf

Secondary data sources

Below are non-exhaustive lists of useful secondary data sources for Lebanon:

- ABAAD MENA.
<https://www.abaadmena.org/>
- UNHCR. Lebanon: Mapping Matrix: Women's Rights and Women-Led Organizations in Lebanon.
<https://data.unhcr.org/en/documents/details/108857>
- Lebanon Flash Appeal: Humanitarian Crisis in Lebanon - January 2025. UNFPA.
<https://reliefweb.int/report/lebanon/lebanon-flash-appeal-humanitarian-crisis-lebanonjanuary-2025>
- UNDP country assessments.
<https://www.undp.org/lebanon/publications>

Local NGO and CSO sources for:

WROs The Lebanese Women Democratic Gathering (RDFL). https://www.rdfwomen.org/eng/projects/ National Commission for Lebanese Women (NCLW). https://nclw.gov.lb/	Migrant workers: Migrant Workers' Action (MWA). https://mwaction.org/ Anti-Racism Movement. https://armlebanon.org/ KAFA. https://kafa.org.lb/en/about
Refugees The Access Centre for Human Rights (ACHR) https://www.achrightrights.org/en/ Basmeh & Zeitooneh. https://www.basmeh-zeitooneh.org/	Human Rights Lebanese Center for Human Rights (CLDH) https://www.cldh-lebanon.org/ Alef. Act for human rights. https://alefliban.org/ Insan Association. https://insanassociation.org/
LGBTIQ+ Helem https://www.helem.net/ Mosaic https://mosaic-mena.org/	SRHR Marsa. https://www.marsa.me/ The A Project. https://theaproject.org/ Dawrati. https://www.instagram.com/dawrati.lb/?hl=en
Digital Rights SMEX. https://smex.org/	PwDs Lebanese Union for People with Physical Disabilities. https://daleel-madani.org/civil-societydirectory/lebanese-union-people-physical-disabilities/about Al Amal Institute for the Disabled. https://www.amalinst.org/

Below are some global data sources:

- UN Women.
<https://www.unwomen.org/en>
- Various reports by the United Nations.
- CARE Rapid Gender Analysis.
<https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

- OHCHR country profiles.
<https://www.ohchr.org/en/countries>
- Amnesty International.
<https://www.amnesty.org/en/>
- UNFPA reports.
<https://www.unfpa.org/publications>
- Human Rights Watch.
<https://www.hrw.org/>
- GBV sub-cluster updates and protection cluster reports.
<https://globalprotectioncluster.org/>
- United Nations Country Team (UNCT).
<https://archive.unescwa.org/conference-services/publications-catalogues>
- Association for Women's Rights in Development (AWID).
<https://www.awid.org/>
- Feminist Humanitarian Network.
<https://www.feministhumanitariannetwork.org/>
- International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA).
<https://ilga.org/>



Free online courses		
Gender equality in humanitarian contexts by the IASC. https://portal.trainingcentre.unwomen.org/product/iasc-e-learning-on-gender-equality-inhumanitarian-action/	UN Women training centre online, with several courses on diverse gender-related topics https://portal.trainingcentre.unwomen.org/	Protection and safeguarding training with various humanitarian courses by Disaster Ready. https://get.disasterready.org/humanitarian/

Some key resources by sector

Food Security & Nutrition

KEY ASSESSMENT TOOLS

WFP. Vulnerability Analysis and Mapping, Gender and Food Security Analysis. 2016.
<https://docs.wfp.org/api/documents/WFP-0000019670/download/>

WFP. Gender Toolkit. 2017, specifically the Gender Analysis and Gender and Emergency Preparedness and Response sections. <https://gender.manuals.wfp.org/en/gender-toolkit/>

IASC. "Food Security and Agriculture." Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. 2015. <https://gbvguidelines.org/en/>

International Food Policy Research Institute. Women's Empowerment in Agriculture Index. 2012.
<https://www.ifpri.org/publication/womens-empowerment-agriculture-index>

WFP. Thematic Guidelines: Integrating a Gender Perspective into Vulnerability Analysis. 2005.
https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp1972_71.pdf

IASC Gender Marker Tip Sheet
https://www.fsnnetwork.org/sites/default/files/nutrition_gender_marker_tipsheet_july_2011.pdf

Global Food Security Cluster. Core Indicator Handbook. 2016.
https://fscluster.org/sites/default/files/documents/indicator_handbook_v3.pdf

Health

Health Gender Marker tip-sheet by the IASC.
<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/HEALTH%20GM%20Kit%20Revised%20May%202011%20PROVISIONAL.doc>

Interagency Working Group on Reproductive Health in Crises. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A distance learning module. 2011.
<https://iawg.net/resources/minimum-initial-service-package-misp-resources>

UNHCR. Operational Guidance, Mental Health and Psychosocial Support for Refugee Operations. 2013.
<https://www.unhcr.org/us/media/operational-guidance-mental-health-psychosocial-support-programming-refugee-operations>

UNFPA, Save the Children. Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings. 2009.
<https://www.unfpa.org/publications/adolescent-sexual-and-reproductive-health-toolkit-humanitarian-settings>

WHO Gender Assessment Tool.
<https://www.ndi.org/sites/default/files/WHO%20Gender%20Assessment%20Tool.pdf>

Sommer, Marni. Key standards on menstrual hygiene management. 2012.
<https://www.ndi.org/sites/default/files/WHO%20Gender%20Assessment%20Tool.pdf>

UNDP et al. Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions. 2016.
https://sswm.info/sites/default/files/reference_attachments/SOMMER%202012%20Menstrual%20hygiene%20management%20in%20humanitarian%20emergencies.pdf

UNFPA. Rapid Assessment Tool of Sexual and Reproductive Health and HIV Linkages. 2010.
<https://www.undp.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people>

KEY ASSESSMENT TOOLS

Gender Analysis Checklist for health by GIZ.
https://gender-works.giz.de/wpfb-file/gender_analysis_checklist_for_health-pdf-2/

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings checklist for field use. 2008.
<https://interagencystandingcommittee.org/system/files/Checklist%2520for%2520field%2520use%2520IASC%2520MHPSS.pdf>

Child Protection

UNGEI. A core resource package on gender in education in emergencies. 2021.
<https://www.ungei.org/publication/eie-genkit>

Gender and Education in Emergencies by IASC.
<https://www.humanitarianlibrary.org/sites/default/files/2014/09/Education.pdf>

Protection

KEY ASSESSMENT TOOLS

UNHCR. Field Handbook for the Implementation of UNHCR Best Interests Determination Guidelines. 2011.
<https://www.refworld.org/pdfid/4e4a57d02.pdf>

UNHCR. Handbook for the Protection of Women and Girls. 2008.
<https://www.unhcr.org/protect/PROTECTION/47cfae612.html>

UNICEF. Promoting Gender Equality through UNICEF- Supported Programming in Child Protection. 2010.
<https://online-learning.we-men.org/resource/promoting-gender-equality-an-equity-focused-approach-to-programming/>

Global Protection Cluster. Child Protection Rapid Assessment Toolkit. 2012.
https://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf

UN. Gender and Mine Action Programme.
<https://mineaction.org/sites/default/files/documents/ma-guidelines.pdf>

Women's Refugee Commission. Tools to Assess and Mitigate GBV among Urban Refugees (includes specific ones for LGBTI individuals and male survivors).
<https://www.womensrefugeecommission.org/research-resources/>

GBV

The IASC guidelines to integrate Gender-Based Violence interventions into Humanitarian Action.
<https://gbvguidelines.org/en/>

USAID. Guide on How to Integrate Disability Into Gender Assessments and Analyses.
https://www.usaid.gov/sites/default/files/Guide_How_Integrate_Disability_Gender_Assessments_2010.pdf

Disaster Risk Reduction Sendai Framework.
https://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf
United Nations plan of action on disaster risk reduction for resilience 2016.
<https://www.preventionweb.net/publication/united-nations-plan-action-disaster-riskreduction-resilience-0>

IRC. Guide for Male Engagement Workshops: Engaging Men through Accountable Practice. 2024.
https://www.rescue.org/sites/default/files/2024-08/D2.3%20Guide_Monitoring%20and%20Evaluation%20Tools%20for%20EMAP_EN.pdf

OHCHR. Human Trafficking Palermo Protocol. 2000.
<https://www.ohchr.org/en/instruments-mechanisms/instruments/protocol-prevent-suppressand-punish-trafficking-persons>

UNHCR. Working with Lesbian, Gay, Bisexual, Transgender, Intersex And Queer (LGBTIQ+) Persons in Forced Displacement. 2021.
<https://www.refworld.org/pdfid/4e6073972.pdf>

UNSG. Natural Disasters Gender and Disaster Sourcebook, Secretary General's Report on Gender Equality and the Empowerment of Women in Natural Disasters. 2014.
<https://digitallibrary.un.org/record/764450?v=pdf>

IASC. Risk Management Toolkit in relation to Counterterrorism Measures. 2015.
<https://interagencystandingcommittee.org/revitalizing-principled-humanitarian-action/newspublic/risk-management-toolkit-relation>

SEA Taskforce
<https://pseataaskforce.org/>

OHCHR. Information Series on Sexual and Reproductive Health and Rights Updated. 2020.
https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_LGTG_WEB.pdf

IASC. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. 2015.
<https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/IASC%20Guidelines%20for%20Integrating%20Gender-Based%20Violence%20Interventions%20in%20Humanitarian%20Action%2C%202015.pdf>



Annex III

List of suggested indicators to be used for M&E

Below is a suggested list of the most relevant indicators per humanitarian sector for your M&E framework. Some of these indicators can also be used throughout your gender analysis to guide you in collecting the most pertinent information.

Indicator battery

On referral pathways

- Number of legal provisions taken to derogate harmful practices during the emergency
- Number of actions conducive to reform policies that do not support access to a range of services or a multi-sectoral model of care for survivors (e.g., in cases where survivors may be required by law to report incidents to police before receiving other services)
- Number of legal provisions taken to prioritise SGBV prevention and service provision
- Number of service providers functioning during the emergency per sector
- Updated service provision mapping per area, prior to the emergency
- Number of service providers' updates conducted during the emergency (and periodicity)
- Number of already existing SGBV referral systems and community-based mechanisms
- Number of well-functioning and operative SGBV SOPs at national and sub-national levels
- Number of monitoring reports produced at each level to understand evolving needs and adjust actions and services accordingly

On preparedness

- Number of gender assessments conducted jointly with partners to address the emergency challenges, assessing and analysing: the differentiated impacts of the emergency for women, for WwDs, for Syrian and Palestinian refugees, for migrant women, for internally displaced women, for the elderly, for transgender people, for drug users, for trafficked women and sex workers, etc; Assessment of the pre-existing gender roles and power dynamics; Identification of possible barriers for SGBV victims/survivors to reach services and assistance (to remove them); Risk analyses/vulnerability to identify who is most vulnerable and why; which capacities need to be developed/strengthened; and what relief and services are needed
- Number of communication channels and information outreach initiatives to ensure women, especially those most at risk (including WwDs and illiterate women) are informed of referral pathways and SGBV response services
- Number of capacity assessments on service providers conducted
- Number of capacity building/trainings conducted informed by the previous indicator
- Quality and quantity of resource allocation informed by the analysis conducted
- Quality and number of pre-position response supplies such as rape kits/dignity kits with a focus on sites most likely to be affected.

Vulnerabilities and capacities of individuals and social groups evolve over time and determine people's abilities to cope with disaster and recover from it, also known as resilience.

- Number of consultations with affected women and WROs/WLOs, Organisations representing PwD (OwDs) conducted in order to be informed and design a culturally adequate and meaningful response
- Number of women/adolescent girls/the most marginalised who expressed feeling active and meaningfully included in the consultation
- Number of complaints received on lack of inclusivity
- Number of complaints received on lack of usefulness of the consultations (women and the most marginalised feel that their feedback is not further incorporated)
- Number of early warning mechanisms used, such as text messaging, social media, radio or TV advertising to circulate information (or any outreach methods ABAAD uses)

On data collection

- Number of systems for safe and ethical SGBV data collection, analysis and management (through the GBVIMS or other safe and ethical data encoded systems) established and/or reinforced
- Quality of the SGBV information database developed
- Number of legal provisions taken to prioritise SGBV prevention and service provision
- Number of trainings conducted for service providers on safe/ethical data collection
- Number of ABAAD staff, especially MEAL trained on safe/ethical data collection and appropriate Sex and Age Disaggregated Data (SADD)
- Percentage of assessments, monitoring and other data collection mechanisms that include disaggregated data by sex, age, disability and other relevant factors (e.g., refugees, displaced women, elderly, etc.)
- Number and periodicity of reports on sexual violence compiled (anonymous and encoded data), for various purposes like service provision adjustment and statistical purposes for information outreach, advocacy, accurate funding allocation, etc.
- Number of structured monitoring mechanisms in place at all levels (with clear tasks, responsibilities, and data collection periodicity)

On healthcare sector/provision

- Number of running facilities, on a 24/7 basis, providing immediate access to priority reproductive health and GBV services to victims/survivors (within the first 48 hours of the emergency)
- Number of running facilities, on 24/7 basis, providing immediate access to priority reproductive health and GBV services to victims/survivors (during the emergency, after the first 48 hours)
- Number of women, especially at-risk groups, actively involved in the design and delivery of SGBV and healthcare service provision through the appropriate participation channels, established in the protocol and in further SOPs to be developed by the Technical Committee, disaggregated by sex, age, disability, and any other relevant social factor
- Number of health providers' staff, including midwives and nurses, adequately prepared to deliver quality care to victims/survivors through training, support and supervision, including on SGBV prevention and response and CMR, disaggregated by sex, age, disability, and any other relevant social factors
- Number of healthcare providers with specialised training on SGBV service provision and survivor-centred approach, disaggregated by sex, age, disability, and any other relevant social factor
- Number of healthcare providers with specialised training on psychological first aid and trauma management, disaggregated by sex, age, disability, and any other relevant social factor
- Number of healthcare providers with knowledge and capacities to perform CMR, disaggregated by sex, age, disability, and any other relevant social factor
- Number of healthcare service providers comprehensively prepared to provide care for victims/survivors with disabilities, disaggregated by sex, age, disability, and any other relevant social factor
- Number of essential supplies and post-rape treatment pre-positioned to supply for centres performing CMR
- Number of viable health facilities, mobile clinics and health actors provided with rape treatment kits and other clinical commodities for management of sexual violence

- Number of victims/survivors of sexual violence who received the treatment within the 72 hours time-window
- Number of victims/survivors of sexual violence who received the treatment after the 72 hours time-window
- Number of victims/survivors of sexual violence who refused CMR overall, disaggregated by sex, age, disability, and any other relevant social factor
- Number of victims/survivors who refused the forensic examination, disaggregated by sex, age, disability, and any other relevant social factor
- Number of victims/survivors of sexual violence who did not wish to report to authorities, disaggregated by sex, age, disability, and any other relevant social factor
- Number of GBV (other than sexual violence) victims/survivors who did not want to report it to the authorities, disaggregated by sex, age, disability, and any other relevant social factor
- Number of service providers with knowledge and capacities to understand and identify male survivors of SGBV and to provide services that are responsive to the specific needs of men
- Number of service providers with knowledge and capacities to provide integrated and specialised care to LGBTIQ+ people, disaggregated by sex, age, disability, and any other relevant social factor
- Number of victims/survivors referred from healthcare service providers to other service providers
- Number of victims/survivors referred by healthcare actors to other service providers within the referral pathway
- Number of times that healthcare providers were first responders
- Number of healthcare facilities where integrated services for GBV victims/survivors can be provided
- Of all women who received these services, number of those who were very or satisfied with the services
- Number of complaints received by SGBV beneficiaries on these services

On healthcare sector/provision

- Number of well-trained first responders to provide a safe, calm environment; listen supportively; demonstrate compassion and non-judgment; provide reassurance without making false promises; and promote access to medical care and other support (disaggregated by sex, age, disability, and any other relevant social factor) using a survivor-centred approach
- Number of community-based MHPPS identified and strengthened
- Number of MHPSS programmes that offer survivors the opportunity to participate in nonstigmatising, community-based activities that reduce their isolation
- Number of one-stop-centres, safe spaces or integrated service provision centres where MHPSS is provided on a 24/7 basis
- Number of frontline staff trained on psychological first aid and trauma management, disaggregated by gender, age, disability and any other relevant social factor
- Number of women frontline responders providing MHPSS, disaggregated by age, disability and any other relevant social factor
- Number of SGBV victims/survivors referred to this service
- Number of SGBV victims/survivors referred from this service to other service providers.
- Number of sexual victims/survivors (if information is available) who agree to be referred for the 72-hour protocol, disaggregated by age, disability, marital status, SGBV typology (if the victim/survivor agrees to share that information), disability status, and any other relevant social factor
- Of all women who received these services, number of those who were very or satisfied with the services
- Number of complaints received by SGBV beneficiaries on these services

On economic empowerment/emergency cash transfer

- Overall quantity of funds allocated for emergency cash transfer, specifically for SGBV victims/survivors for the emergency
- Number of SGBV victims/survivors receiving emergency cash transfer during the emergency, disaggregated by age, marital status (widow, separated, married, etc.), disability status, SGBV typology (if possible, always respecting if victims wish to disclose that information or not), and any other relevant social factor
- Quantity and periodicity of disbursements of emergency cash transfers for SGBV victims/survivors
- Number of livelihoods and reintegration support programmes for SGBV victims/survivors included in the referral pathways
- Number and extent of consultations held with affected women to design livelihoods and reintegration programmes (in the rehabilitation phase, when transitioning from cash transfer to other suitable and sustainable modalities)
- Number of actions for information outreach and communication to affected populations on the available services (both emergency cash transfer and livelihoods programmes)
- Number of referrals received from other service providers for this specific service
- Number of sexual victims/survivors (if information is available) that agree to be referred for the 72-hour protocol, disaggregated by age, disability, marital status, SGBV typology (if the victim/survivor agrees to share that information), disability status, and any other relevant social factor
- Of all women who received these services, number of those who were very or satisfied with the services
- Number of complaints received by SGBV beneficiaries on these services

On economic empowerment/emergency cash transfer

- Number of active security patrols within the onset of the emergency (first 48 hours) prepared to attend to SGBV victims/survivors
- Number of active security patrols during the whole emergency, on a rolling basis, prepared to attend to SGBV victims/survivors and to detain perpetrators
- Number of police stations with gender specialised staff
- Number of specialised gender units within the justice system, whether regular and/or Ecclesiastic courts
- Speed-trails for SGBV cases during the emergency
- Restraining orders issued through emergency mechanisms
- Number of emergency shelters available for SGBV survivors by location
- Number of emergency shelters using a survivor-centred approach
- Number of emergency shelters where integrated services are provided during emergencies
- Number of PSEA policies developed, agreed upon, and shared by ABAAD and its partners
- Number of SEA cases registered by all members
- Number of remedial actions taken to reported SEA cases
- Number of PSEA focal points, disaggregated by gender, age, disability, and any other relevant social factor
- Security of encrypted systems used in the SGBV Information database to ensure confidentiality and safe management, and storage of all entered information
- Number of community risk mappings conducted, at different levels, to identify evolving risks for women and the most marginalised
- Number of effectively engaged affected communities to establish and lead community-based protection mechanisms
- Number of community-based strategies in place, at the different levels, to monitor SGBV-related risks in affected communities with the participation of women
- Resolution 1325 action plan is in place, developed with extensive consultations with CSOs/WROs/WLOs/OwDs.

On legal aid

- Number of identified as "very vulnerable women", including migrant/refugee women, trafficked women and stateless women in need of assistance, who have access to legal services
- Number of sensitisation and communication actions targeting the affected population to inform them on existing laws and policies that protect affected populations from SGBV
- Number of reform procedures and laws made, so that they are sensitive to the needs and safety of women and girls and are in line with international standards, during the emergency
- Accessibility of legal aid for SGBV victims/survivors by location (where can they be found, are they integrated within comprehensive care for survivors, are they operational 24/7?)

On legal aid

- Number of SGBV victims/survivors received as first responders, disaggregated by age, disability, marital status, SGBV typology (if the victim/survivor agrees to share that information), disability status and any other relevant social factor
- Type of resources received (disaggregated by human resources, material, funding, assets) by donor
- Number and type of services that your organisation can provide to SGBV victims/survivors:
 - Psychological support/Peer support
 - Protection (safe spaces for women)
 - Temporary shelter
 - Empowerment activities: trainings, capacity building, linkage with livelihood opportunities
 - Information available on all services and on the situation
 - Others: please specify

Annex IV

FGD tool by CARE adapted for ABAAD

Focus Group Discussion

Purpose: Gather information about the opinions, beliefs, practices and attitudes of a group of people towards a specific topic of interest. Guided questions in this Focus Group Discussion (FGD) relate to the roles and responsibilities of women, men, boys and girls; control and access to resources; vulnerabilities and needs; coping; and security concerns.

Tool Notes: This tool should be used during small group discussions. The group should be made of people from similar backgrounds or experiences and should not include more than 10-12 participants. The groups should also be separated by sex and age. The FGD is led by a facilitator who introduces the topics of discussion and helps to ensure that all members participate evenly in the discussions. The facilitator should assure participants that all information shared will remain confidential.

Sector specific questions can be included to gather more detailed information on specific topics relevant to your context or situation

Geographic Location:	Name (optional):
Interview date:	Place of interview:
Translation necessary for the interview:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Introduction

1. Thank the informants for participating in the interview
2. Explain the objectives and expectations of the interview
3. Outline the session and the amount of time the interview will take
4. Obtain informed consent or assent to record the interview and/or take pictures

Discussion Questions ²⁸

1. "We would like to ask you about the roles and responsibilities of women, men, boys and girls in your community **both now and before the current crisis**".²⁹

A. Daily Activity Clocks ³⁰: draw a 24-hour clock

- Ask the participants to help fill in what a typical day looks like. Including differences that are expressed in the group.
- **What are the main differences in your roles and responsibilities now, compared to before the crisis?**
- Do you have a preference for when community meetings or distributions are held?

²⁸ Multi-Agency Gender and Protection Assessment (2014), 'Kobane Refugee Gender and Protection Assessment Report.

²⁹ The sections highlighted in yellow are relevant to a gender analysis in the aftermath of a crisis. These questions may be removed outside of a crisis context or adapted to meet specific needs.

³⁰ FAO Participatory Assessments <http://www.fao.org/docrep/w8016e/w8016e01.htm>

B. Control and Access to Resources:

draw the template below. Feel free to add more resources or services if needed.

Resources or services	Access				Control			
	Girls	Women	Boys	Men	Girls	Women	Boys	Men
Water								
Food								
Clothes								
NFI Distributions								
Health services								

- How are food items and non-food items accessed and controlled by women, men, boys and girls? Use the template to help guide the discussion.
- **What has changed since the crisis happened?**

2. We would like to ask you about who is in need, and what the specific needs of women, men, boys and girls are.

- Who is vulnerable? What are they vulnerable to, and why? What are the different vulnerabilities of women, men, boys and girls?
- What are the needs of women, men, boys and girls?

3. We would now like to ask you about how women, men, boys and girls are coping

- What are the different coping strategies that are used by women, men, boys and girls?
- What are the different skills and capacities of women, men, boys and girls?
- What resources or support are they relying on? How can ABAAD programme interventions best support these mechanisms?

4. We would like to ask you a few questions about the security of women and girls/men and boys **after the crisis (ask the women and girls specific questions in women and girls FGDs and men and boys specific questions in men and boys FGDs).**

- Within this community, is there a place where women and girls/men and boys feel unsafe or try to avoid? (during the day? Night?) What issues make them feel unsafe?
- When there is a security problem, who can women and girls/men and boys seek assistance from?
- Are there places where women and girls/men and boys can go to voice their security concerns?
- According to you, what could be done in this community to create a safe environment for women and girls/men and boys?



Annex V

KII tool by CARE adapted for ABAAD

Key Informant Interview

Purpose: To discover information about people's opinions, beliefs and practices relating to the crisis.¹ It allows you to collect information about **changes within the community as a result of the crisis,**² available services, and present protection concerns. It can be used with both community members and community leaders/service providers.

Tool Notes: This tool uses the format of semi-structured interviews. It has two sections: Part 1 is designed to understand the most significant changes to gender relations that are identified for the individual (if appropriate) or for the community; Part 2 is designed for community leaders or service providers (i.e., doctor, teachers, village chief, camp leader, women's committee leader, etc.). Some of these questions are culturally sensitive; you should review ethical considerations prior to the interview. Fill out the relevant sections in regards to your key informant.

Supplemental questions can be found in the Sector Specific document.

Geographic Location:	Name (optional):
Interview date:	Place of interview:
Translation necessary for the interview:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Introduction

1. Thank the participant(s) for the interview
2. Explain the objectives and expectations of the interview
3. Outline the amount of time the interview will take
4. Obtain the informant's consent to record the interview and/or take pictures

Sex of key informant: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age of key informant:
Key informant's role in the community:	

Part 1: Overview of Most Significant Changes	
• What changes have you or the community experienced since the crisis? - Probe: what changes have you experienced as a woman/man/boy/girl	
• Of those changes, which is the most significant and why? - Probe: how were things before the crisis? How are things now? Why does it matter?	
• What are the main needs of women and girls, and of men and boys?	

¹ CARE Gender Toolkit, 'Surveys and Interviews.' <http://gendertoolkit.care.org/Pages/surveys%20and%20interviews.aspx>
² The sections highlighted in yellow are relevant to a gender analysis in the aftermath of a crisis. These questions may be removed outside of a crisis context or adapted to meet specific needs.

Part 2: Community Leader/Service Provider Interview	
Community Changes	
1	Is the concerned population displaced as a result of the crisis? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	If yes, what kind of community does the concerned population live in since the crisis? Please specify from the list below- Probe: how were things before the crisis? How are things now? Why does it matter? <input type="checkbox"/> Organized camp <input type="checkbox"/> In a host community <input type="checkbox"/> Unorganized settlement <input type="checkbox"/> Public building (school, abandoned building, etc.) <input type="checkbox"/> Returnees living in village/home of origin <input type="checkbox"/> Returnees in a secondary displacement <input type="checkbox"/> Other
3	Who manages the community? <input type="checkbox"/> Government <input type="checkbox"/> Armed forces <input type="checkbox"/> UN agency <input type="checkbox"/> NGO <input type="checkbox"/> Private individual/organization <input type="checkbox"/> Other – If "other," please specify:
4	What are some of the major problems that the community is facing?
5	Are there any specific groups in the community that experience particular problems? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify the groups and problems they experience: Are there reports of unaccompanied children in this community? ¹ Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Who does what work in the family? For example: household chores, caregiving, farming, or earning cash income.
7	Who controls family resources and assets?
8	What new coping mechanisms do individuals within families have to use in order to fulfil their roles and responsibilities?
9	What social/cultural structures does the community use to make decisions? How do women and men participate in these?
10	Are these structures different from the structures that were in the community before the crisis? If yes, then how so?

¹ Care International, 'Key Informant Interview Format Nepal'

Access to Basic Services	
11	What services are safely available to men, women, boys, girls and LGBTIQ+ people in this community? Men: _____ Women: _____ Boys: _____ Girls: _____ LGBTIQ+ individuals: _____
12	If relevant, please note the organization offering these services. <input type="checkbox"/> Food aid / food distributions: _____ <input type="checkbox"/> Shelter: _____ <input type="checkbox"/> Non-food items (specify which NFIs): _____ <input type="checkbox"/> Health care (including reproductive health): _____ <input type="checkbox"/> Hygiene/dignity kits: _____ <input type="checkbox"/> Education: _____ <input type="checkbox"/> Women-friendly spaces: _____ <input type="checkbox"/> Clean water: _____ <input type="checkbox"/> Hygiene/dignity kits: _____ <input type="checkbox"/> Latrines: _____ <input type="checkbox"/> Other: _____
13	If any of the above services are not available in the community, ask the informant to specify (if possible) where the community goes to access some of the above services. Specify the service and organization providing the service:
14	Is everyone in the community able to access the above services? If not, why? <input type="checkbox"/> Priority is given to men <input type="checkbox"/> No female staff providing services <input type="checkbox"/> Lack of sufficient medicines at health facilities <input type="checkbox"/> Girls/women are not permitted to access their services by their families <input type="checkbox"/> Not safe for girls/women to travel to the service sites <input type="checkbox"/> Locations of services are not convenient for girls/women <input type="checkbox"/> Hours are not convenient for girls/women <input type="checkbox"/> Other:
15	Do girls and women go outside the community to earn income to meet basic needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, then where?
16	What are women, girls, boys and men doing to generate income to meet basic needs? (Select all that apply) <input type="checkbox"/> Daily work <input type="checkbox"/> Begging <input type="checkbox"/> Sex in exchange for money <input type="checkbox"/> Domestic work <input type="checkbox"/> Other:

Protection Concerns
 Has there been an increase in security concerns **since the emergency**? Yes No

17 What are the most significant safety and security concerns in this community? (Select all that apply)
 No safe place in the community
 Sexual violence/abuse
 Discrimination/differential access to services and limited job opportunities
 Violence in the home
 Risk of attack when traveling outside the community
 Risk of attack when going to latrines, local markets, etc. Please specify: _____
 Being asked to marry by their families
 Trafficking
 Unable to access services and resources
 Don't Know
 Other:

18 Are their specific protection needs of women, men, boys, and girls in this community? What are the risks for each group? What is the location of the risk?

19 Do women and girls usually travel outside the community in groups or alone?
 Alone/individually
 In groups

20 Are there any coping mechanisms adopted by men, women, girls and boys in this community to address different protection threats or minimize their protection problems?

21 When community members have been victims of some form of violence, whom do they most often seek for help?
 Family member
 Community leader
 Police
 NGO working with women
 Any female aid worker
 UN Agency
 Being asked to marry by their families
 UN Agency
 Friend
 Don't Know
 Other:

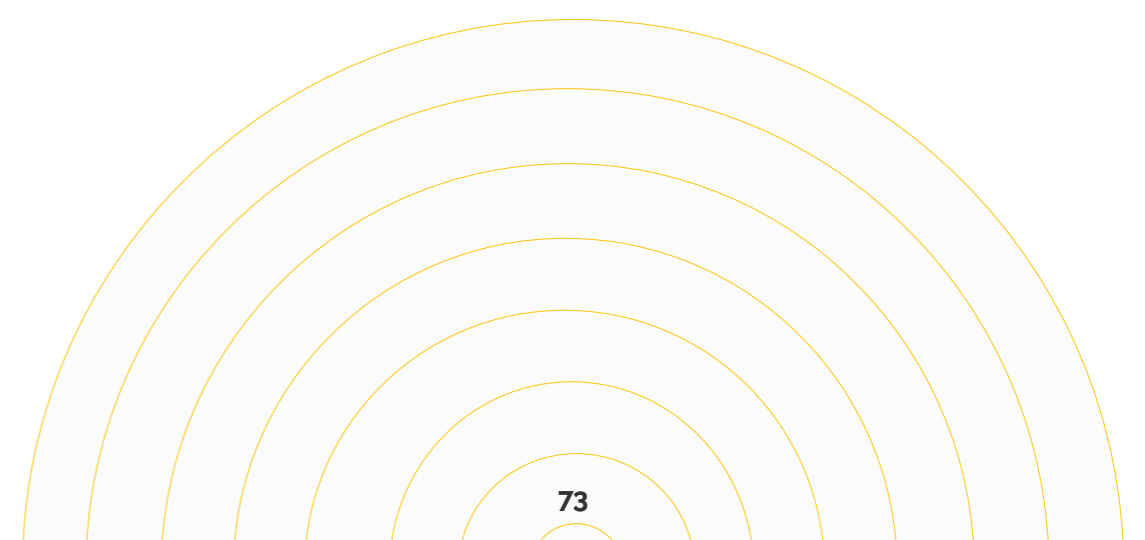
22 Do any of the following groups have access to the camp or community settlement?
 Military
 Informal militia groups
 Police
 Peacekeepers
 None of the above

23 Has there been a noticeable increase in rape/sexual violence/"corrective" rapes (those committed against LGBTQI+ people because of their gender identity and/or sexual orientation) being reported since the emergency occurred? Yes No
 Are there reports of sexual abuse or exploitation? Yes No
 If yes, by whom?
 Military
 Police
 Informal militia groups
 Peacekeepers
 UN agency
 NGOs
 Other:

24 What safety measures have been put in place by police and/or peacekeeping forces to minimize the risk of gender based violence?
 Increase in number of police
 Increase in number of female police officers
 Police/peacekeeping patrols around the community
 Increase in number of female peacekeepers
 Community safety groups
 Firewood collection patrols
 Educating girls/women on how to report incidents
 Don't know
 Other:

25 Are there safe shelters or places that community members can go to if they feel unsafe? Yes No
 If so, where?

26 Are LGBTQI+ people safe in the community? If not, are there safe-shelters and friendly spaces habilitated?



Annex VI

Household survey tool by CARE adapted for ABAAD

This household survey is very comprehensive. Although it is recommended to use all of it, if you experience time and/or human resources constraints, you should use the general section and then focus on your sector/s of analysis and implementation. Adapt it to all relevant identities in your targeted area.

Gender Assessment Household Questionnaire

INTRODUCTION					
Geographical area:		Governorate:		Category 1:	<input type="checkbox"/> Male headed household <input type="checkbox"/> Female headed household <input type="checkbox"/> Other (inclusive of non-binary)
Date (dd/mm/yy):	___/___/___			Category 2:	<input type="checkbox"/> Child (<18) headed household <input type="checkbox"/> Elder(>60) headed household <input type="checkbox"/> Adult (18-60) headed household
Enumerator code:		Settlement:		Category 3:	<input type="checkbox"/> Resident <input type="checkbox"/> Displaced in Host family <input type="checkbox"/> Displaced in collective centre <input type="checkbox"/> None of the above
The household is living in	<input type="checkbox"/> Rural area <input type="checkbox"/> Urban area				
Conflict intensity: ¹	<input type="checkbox"/> Frequent fighting (>once a week) and shelling causing damages/injuries/death <input type="checkbox"/> Sporadic fighting (<once a week) and shelling causing damages/injuries/death <input type="checkbox"/> No fighting (<once a month), no shelling, no damages/injuries/death				
Demographic information about the respondent					
	Gender		Age		
What is the gender and age of the respondent?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (inclusive of non-binary)				
How many people are living with you?	Total	Male	Other/nonbinary	Female	
Adult (between 18 to 59 years of age)					
Children (under 5 years of age)					
Children (between 5 to 9 years of age)					
Children (10-17 years of age)					
Older people (> 60 years of age)					
Total number of persons living in your family					
Number of pregnant or lactating women in your household					
Number of people with a disability					

¹ The sections highlighted in yellow are relevant to a gender analysis in the aftermath of a crisis. These questions may be removed outside of a crisis context or adapted to meet specific needs.

A. Gender roles and relations

Household decision making					
What is your level of decision-making in the following decisions?					
	No involvement	Consulted	Joint decision	Decision maker	Changed since crisis began?
Working to earn money yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying or selling assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting your birth relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migration/displacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing health care for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing health care for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether to have another child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether children attend school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Decision-Making			
Who makes decisions in your community since the crisis began?			
<input type="checkbox"/> Local government	<input type="checkbox"/> Elders	<input type="checkbox"/> Religious leaders	
<input type="checkbox"/> Military authority	<input type="checkbox"/> Other, specify:		
Do you participate in community decision-making?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of any type of association, group or club that regularly holds meetings?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Who makes decisions in your community since the crisis began?			
<input type="checkbox"/> Religious	<input type="checkbox"/> Social	<input type="checkbox"/> Women's	<input type="checkbox"/> Labour union
<input type="checkbox"/> Political	<input type="checkbox"/> Other, specify:		
Has it been meeting since the crisis began?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Livelihoods and Income			
What is your main paid livelihood?			
Before the crisis		Now	
<input type="checkbox"/> No paid activities	<input type="checkbox"/> Farming/Livestock	<input type="checkbox"/> No paid activities	<input type="checkbox"/> Farming/Livestock
<input type="checkbox"/> Small trade or business (including self-employed)	<input type="checkbox"/> Office work	<input type="checkbox"/> Small trade or business (including self-employed)	<input type="checkbox"/> Office work
<input type="checkbox"/> Daily labour	<input type="checkbox"/> Pension	<input type="checkbox"/> Daily labour	<input type="checkbox"/> Pension
<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Other (specify):	
How many hours of paid work do you work per day?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have additional income sources outside of your paid livelihood?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is it?			
<input type="checkbox"/> Remittances	<input type="checkbox"/> Humanitarian Assistance	<input type="checkbox"/> Support for relatives	
<input type="checkbox"/> Rental income			
Could you estimate your current monthly income?			
Do you share your income with your husband/wife?			
<input type="checkbox"/> Yes, all my income is shared			
<input type="checkbox"/> I share only a part of my income with the family and I keep a part for my personal use			
<input type="checkbox"/> No, I manage the income I earn, and I decide how it will be spent			

Control of Family Resources				
Who decides how money is spent?	<input type="checkbox"/> Together	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Other Relatives (Specify)
Do you have any money of your own that you alone can decide how to use? Control of Family Resources			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Division of labour within the household					
How much are you personally engaged in the following household tasks?					
	N/A	Totally	Partially	Not involved	# Of Hours
Farming/Livestock (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housework/Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare for relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Capacities and coping strategies	
A) In the LAST 7 DAYS, how many times did you, individually, find yourself doing any of the following? Record the number of days in which you experienced each of these in the boxes provided (max = 7 days)	
Eating less-preferred/expensive foods	
Borrowing food or relying on help from friends and relatives	
Limiting portion size at mealtime	
Limiting your intake in order for small children to eat	
Reducing the number of meals per day	

B) If you need help or have a problem, is there someone from your family you can depend on to:		
Give you shelter for a few nights if you need it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give you financial support if you need it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give you in-kind assistance if you need it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C) Do you alone or jointly with your husband or wife own any of the following?			
Land	<input type="checkbox"/> Does not own	<input type="checkbox"/> Owns jointly	<input type="checkbox"/> Owns alone
House you are living in	<input type="checkbox"/> Does not own	<input type="checkbox"/> Owns jointly	<input type="checkbox"/> Owns alone
Any other housing	<input type="checkbox"/> Does not own	<input type="checkbox"/> Owns jointly	<input type="checkbox"/> Owns alone
Jewellery or gems	<input type="checkbox"/> Does not own	<input type="checkbox"/> Owns jointly	<input type="checkbox"/> Owns alone

B. Access to services and assistance

Education	
Before the crisis, did your children attend school?	<input type="checkbox"/> Yes, boys and girls <input type="checkbox"/> No, only boys <input type="checkbox"/> No, only girls <input type="checkbox"/> Neither boys nor girls <input type="checkbox"/> Other

Before the crisis, did your children attend school?	<input type="checkbox"/> Yes, boys and girls <input type="checkbox"/> No, only boys <input type="checkbox"/> No, only girls <input type="checkbox"/> Neither boys nor girls <input type="checkbox"/> Other
Since the beginning of the crisis, have your children attended school?	<input type="checkbox"/> Yes, boys and girls <input type="checkbox"/> No, only boys <input type="checkbox"/> No, only girls <input type="checkbox"/> Neither boys nor girls <input type="checkbox"/> Other
If only boys attend school, then why?	<input type="checkbox"/> Not enough money to send them all <input type="checkbox"/> Girls stay at home to help with domestic tasks <input type="checkbox"/> Girls stay at home to help with paid labour <input type="checkbox"/> Not safe/acceptable for girls to go to school <input type="checkbox"/> Other
If only girls attend school, then why?	<input type="checkbox"/> Not enough money to send them all <input type="checkbox"/> Boys stay at home to help with domestic labour <input type="checkbox"/> Boys stay at home to help with paid labour <input type="checkbox"/> Other
If neither boys nor girls attend school, then why?	<input type="checkbox"/> Not enough money to send them all <input type="checkbox"/> Children stay at home to help with domestic labour <input type="checkbox"/> Children stay at home to help with paid labour <input type="checkbox"/> Schools are not functional <input type="checkbox"/> Other

Health	
Do you have safe access to health facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why?	<input type="checkbox"/> Not enough money to pay for healthcare <input type="checkbox"/> No functioning health facilities in the area <input type="checkbox"/> Not safe to go to the health facilities <input type="checkbox"/> No female health staff <input type="checkbox"/> No male health staff <input type="checkbox"/> No specific/focused services for LGBTQI+ needs <input type="checkbox"/> Other
Have any girls or women in your household been affected by any disease in the last 30 days?	List the most common diseases
Have any boys or men in your household been affected by any disease in the last 30 days?	List the most common diseases
Do you have access to the following services?	<input type="checkbox"/> Maternal Health <input type="checkbox"/> Family Planning <input type="checkbox"/> SRH
If no, why?	<input type="checkbox"/> Not enough money to pay for service <input type="checkbox"/> No functioning health facilities in the area <input type="checkbox"/> Not safe to go to the health facilities <input type="checkbox"/> No female health staff <input type="checkbox"/> No specific/focused services for LGBTQI+ needs <input type="checkbox"/> Other

Water, Hygiene and Sanitation	
Do you have access to running water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Somehow
If no, why?	
If no, what are you doing to cope with it?	
If no, what are the reasons? (Select all that apply)	<input type="checkbox"/> No latrines at all <input type="checkbox"/> Not secure at night <input type="checkbox"/> Latrine is in an unsafe place <input type="checkbox"/> No locks on the door <input type="checkbox"/> No separate toilets for males and females
If no, what are you doing to cope with it?	<input type="checkbox"/> Nothing <input type="checkbox"/> Going to the latrine in group (single sex) <input type="checkbox"/> Going to the latrine in group (male and female) <input type="checkbox"/> Practice open defecation
Do you have access to a safe place for bathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what are the reasons? (Select all that apply)	<input type="checkbox"/> No bathing place <input type="checkbox"/> Not secure at night <input type="checkbox"/> Bathing area is in an unsafe place <input type="checkbox"/> No locks on the door <input type="checkbox"/> No separate bathing for males and females
WOMEN ONLY (whether cisgender women or transgender men): What are women's menstrual hygiene needs?	
<input type="checkbox"/> Disposable pads	<input type="checkbox"/> Reusable cloths
<input type="checkbox"/> Washing and disposal facilities	Other (please specify)
Are your hygiene needs being met?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Humanitarian Assistance	
Did your household receive any kind of humanitarian assistance in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who went and collected the humanitarian assistance? Select all that apply	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Is everyone in the community able to access assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what are the reasons? (Select all that apply)	<input type="checkbox"/> Priority is given to men No female staff providing services No LGBTQI+ focused/inclusive services Lack of sufficient medicines at health facilities Girls/women not permitted to access services by their families Not safe for girls/women to travel to the service sites Locations of services are not convenient for girls/women Hours are not convenient for girls/women Other – If "other," please specify:
If no, what are the reasons? (Select all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Protection and mobility

Perception of security		
What are the challenges faced by the displaced or affected population living in this settlement/site?		
<input type="checkbox"/> Personal security where you live <input type="checkbox"/> Separated families <input type="checkbox"/> Difficulty in acquiring documents <input type="checkbox"/> Lack of information pertaining to assistance <input type="checkbox"/> Family contact <input type="checkbox"/> Inability to move around safely <input type="checkbox"/> Inability to move back and forth across the line of confrontation <input type="checkbox"/> Difficulties with employment <input type="checkbox"/> Harassment <input type="checkbox"/> No problems <input type="checkbox"/> Other: _____		
Are there any specific security concerns affecting women, girls and LGBTQI+ (questions only for them)		
Women	LGBTQI+ (only ask to LGBTQI+ individuals)	Girls
<input type="checkbox"/> No safe place in the community <input type="checkbox"/> Sexual violence/abuse <input type="checkbox"/> Violence in the home <input type="checkbox"/> Risk of attack when traveling outside the community <input type="checkbox"/> Risk of attack when moving within the community <input type="checkbox"/> Being asked to marry by their families <input type="checkbox"/> Trafficking <input type="checkbox"/> Unable to access services and resources <input type="checkbox"/> Not enough privacy at home <input type="checkbox"/> House or camp is insecure/has no locks <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> No safe place in the community/discrimination from community members <input type="checkbox"/> Sexual violence/abuse/"corrective" rapes <input type="checkbox"/> Violence in the home <input type="checkbox"/> Risk of attack when traveling outside the community <input type="checkbox"/> Risk of attack when moving within the community <input type="checkbox"/> Being asked to marry by their families <input type="checkbox"/> Trafficking and sexual exploitation <input type="checkbox"/> Unable to access services and resources <input type="checkbox"/> Not enough privacy at home <input type="checkbox"/> House or camp is insecure/has no locks <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> No safe place in the community <input type="checkbox"/> Sexual violence/abuse <input type="checkbox"/> Violence in the home <input type="checkbox"/> Risk of attack when traveling outside the community <input type="checkbox"/> Risk of attack when moving within the community <input type="checkbox"/> Being asked to marry by their families <input type="checkbox"/> Trafficking <input type="checkbox"/> Unable to access services and resources <input type="checkbox"/> Not enough privacy at home <input type="checkbox"/> House or camp is insecure/has no locks <input type="checkbox"/> Other, please specify:
Has there been an increase in security concerns facing women and girls since the emergency began?		<input type="checkbox"/> Yes <input type="checkbox"/> No
To whom do community members most often go for help, when they have been victims of some form of violence?		
<input type="checkbox"/> Family member	<input type="checkbox"/> Community leader	<input type="checkbox"/> Police
<input type="checkbox"/> Friend	<input type="checkbox"/> NGO	<input type="checkbox"/> No one
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other, please specify:	

What strategies are you, your family or your community using to reduce or address different protection risks you face?

Yourself	Family	Community
<input type="checkbox"/> Access to friendly spaces for children	<input type="checkbox"/> Access to friendly spaces for children	<input type="checkbox"/> Access to friendly spaces for children
<input type="checkbox"/> Seek support from family	<input type="checkbox"/> Seek support from family	<input type="checkbox"/> Seek support from family
<input type="checkbox"/> Seek support from religious leaders	<input type="checkbox"/> Seek support from religious leaders	<input type="checkbox"/> Seek support from religious leaders
<input type="checkbox"/> Engage in conflict	<input type="checkbox"/> Engage in conflict	<input type="checkbox"/> Engage in conflict
<input type="checkbox"/> Access to centres for women/access to LGBTQI+ friendly and safe spaces	<input type="checkbox"/> Access to centres for women	<input type="checkbox"/> Access to centres for women/ access to LGBTQI+ friendly and safe spaces
<input type="checkbox"/> Approach community leaders	<input type="checkbox"/> Approach community leaders	<input type="checkbox"/> Approach community leaders
<input type="checkbox"/> Talk with friends	<input type="checkbox"/> Talk with friends	<input type="checkbox"/> Talk with friends
<input type="checkbox"/> Seek psychosocial support from civil society/NGOs	<input type="checkbox"/> Seek psychosocial support from civil society/NGOs	<input type="checkbox"/> Seek psychosocial support from civil society/NGOs
<input type="checkbox"/> Do not know	<input type="checkbox"/> Do not know	<input type="checkbox"/> Do not know
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Other, specify: _____

Freedom of movement

How freely can you move or travel to the following places:

	No movement possible	Only accompanied by another woman or child	Only accompanied by a male relative	Yes, without restriction
To visit neighbours or family in the same neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the local market or shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To the nearest town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To visit family in another location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel to another governorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare for relatives	<input type="checkbox"/> Security <input type="checkbox"/> Cultural acceptance <input type="checkbox"/> Cost and availability of transportation <input type="checkbox"/> Other			

C. Priority Needs

What are the top three priority needs for you and your household

Rank three only: 1= First rank, 2= Second rank, 3= Third rank

Healthcare	Education
Food	Livelihoods
Water	Sanitation – Hygiene
Shelter and household items	Protection
Other, specify:	

Note on analysis

The analysis should respect the following steps:

1. Compare the answers between males and females to identify how gender impacts the perception of the situation and differentiate the impact of the current crisis on males and females.
2. Examine whether gender differences in the current assessment significantly differ from the pre-crisis situation. Can we identify the impact of the crisis on gender relations and dynamics?
3. Given the current humanitarian needs identified by this and other assessments, what is our conclusion in terms of the different needs and impacts for men, women, boys, and girls?

Annex VII

Community mapping tool by CARE

Community Mapping

Purpose: Community Social and Resource Mapping is a community-led analysis of mobility of individuals by sex and age. Mobility Analysis will allow you to identify community resources using a gender and protection lens.

Tool Notes: Maps and mobility circles are visual aids that can be created on paper with colored pens or in the dirt/sand using natural materials such as sticks and pebbles. Make sure you record the findings. Note any differing views.

Community Social and Resource Mapping¹

This tool works best in defined locations such as a rural community, village or camp. Additional instructions and suggestions for adapting mapping into FGDs are also available online.²

- a. The facilitator draws an approximate sketch of their community from a bird's-eye perspective. Give plenty of time and space to draw the map.
- b. Ask the participants to mark the resources/facilities that are available in the community and where different groups in the community live. The map can be used to reflect on access to resources and to discuss mobility issues.
- c. Some questions to facilitate the discussion could include:

- What are the resources, both physical and human (doctors, police, midwives, etc.) that have been mapped?
- Which neighborhoods have fewer resources and which have more? And why?
- How are resources allocated in the community? Who does this allocation?
- Are there people living in the margins of the community? If so, why? What are their characteristics (occupation, ethnicity, religion, date of arrival in the community)? Are there any values/beliefs that explain this segregation?
- Does a person's caste, religion, gender, gender identity and sexual orientation, ethnicity, age or education level determine the places they can go in the community? Or, how they are received or treated in different places?
- Are there any places or community resources that certain people might feel uncomfortable or unsafe visiting or using? Can you identify these places and resources on the map? Why do they feel unsafe/uncomfortable visiting?
- What are the different needs of women, men, boys, girls, LGBTQI+ and other relevant identities?

¹ CARE Gender Toolkit, 'Social and Resource mapping.'

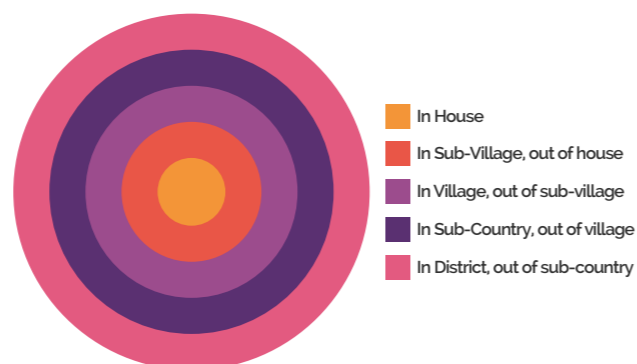
<http://gendertoolkit.care.org/Pages/Community,%20Social%20and%20Resource%20Mapping.aspx>

² International Rescue Committee, GBV Assessment Tool, 'Community Mapping,' <http://gbvresponders.org/resources/>

Mobility Analysis¹

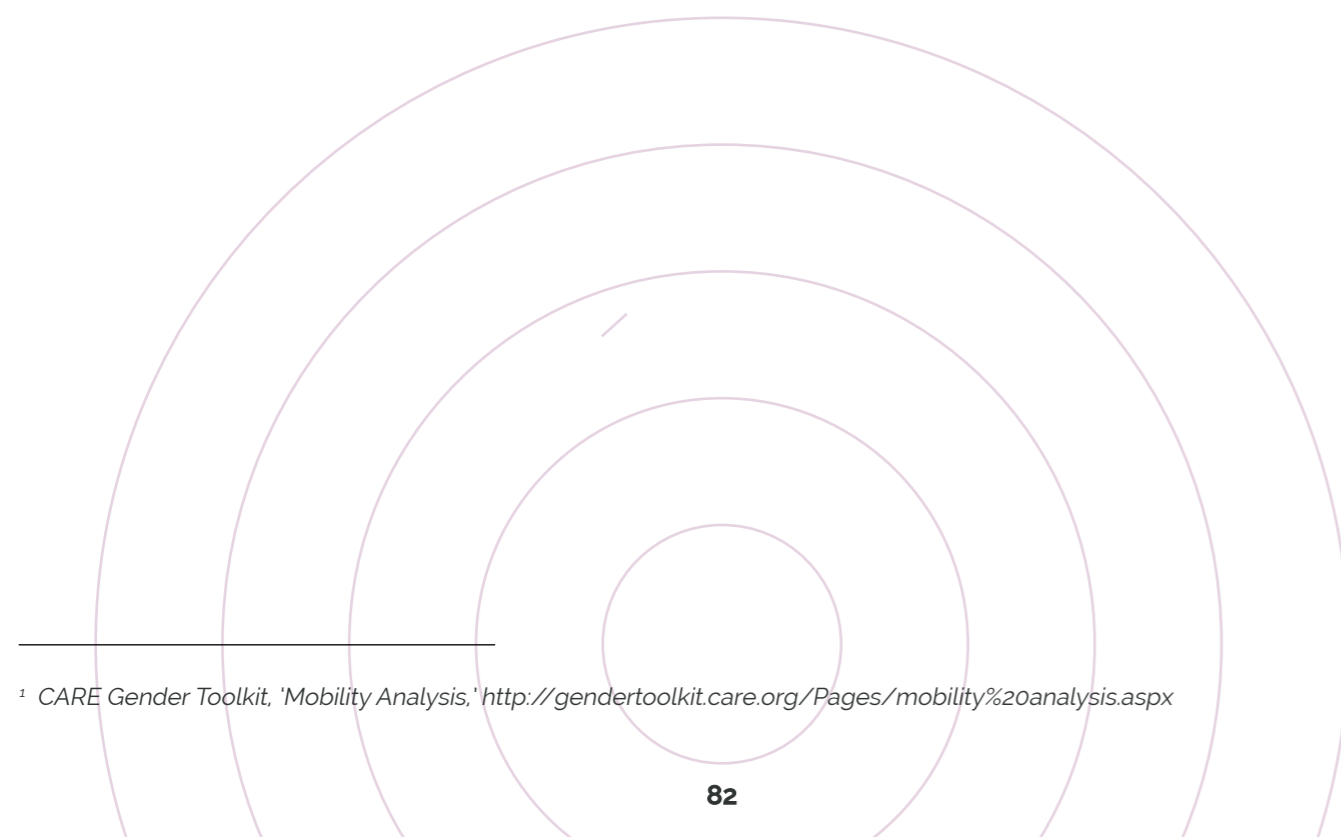
Purpose of this tool is to understand how gender, age, ethnic category and religion affect mobility within the community.

- d. Begin by drawing a circle at the center of a large sheet of paper or on the ground. The facilitator should explain that the circle represents the space within the home.
- e. Then draw a series of concentric circles as shown in the example for each expanding distance from the home.
- f. Ask participants to identify where men and boys can go alone or in pairs, then mark this on the diagram.
- g. Then use a different symbol to mark where women and girls can go alone or in pairs. Also mark which locations they can travel to without asking permission. Researchers can ask participants:



- | |
|--|
| • What happens when they reach each successive location away from the home? |
| • What are the reasons that women and girls would have to travel to that location? |
| • How are resources allocated in the community? Who does this allocation? |
| • What types of problems do they face while going to those places? |
| • How do they manage those problems? |
| • With whom do they go outside the village? |
| • How far is it to leave the village? |

- h. Adapt the categories used to reflect the local community area and repeat the tool for different community groups (for example, by age, ethnicity, religion, caste, or disability).



¹ CARE Gender Toolkit, 'Mobility Analysis,' <http://gendertoolkit.care.org/Pages/mobility%20analysis.aspx>

Annex VIII

Gender analysis findings by domain¹ (BHA, USAID)

CONTEXT

Armenia is a land-locked country in southwestern Asia, located between Turkey and Azerbaijan. Armenia considers itself as part of Europe. It has a population of over three million inhabitants, of which 53.5 percent are women. The vast majority of the population is Armenian (98.1 percent) with a small Yezidi (Kurd) minority (1.2 percent) and others (0.7 percent).



Like many other countries in the Eurasian region, post-Soviet Armenia had an authoritarian system of governance. The 2018 Velvet Revolution, however, dislodged the existing kleptocratic ruling elites and put in place a new government led by Nikol Pashinyan. His government has promised sweeping domestic reforms and a move away from authoritarian rule.² Now, for the first time in decades, there is new optimism and momentum for democratic processes to take root in Armenia. Prime Minister Pashinyan's stated support for gender equality also raises hopes for increasing economic and political opportunities for women. However, the new government also faces enormous challenges as it begins to contemplate reforming a system based on corruption and injustice, while still balancing Armenia's foreign policy commitments and security concerns.

The World Economic Forum (WEF)'s 2018 Global Gender Gap Index (GGGI) ranked Armenia 98th out of 149 countries. Armenia's GGGI overall ranking is based on a number of indices. Armenia ranks 115 on the political empowerment index, 73 for economic participation and opportunity, and 149 for health and survival. The country ranked 83rd on the 2017 Human Development Index (HDI) out of 189 countries (and territories), and has had an increase of 19.7 percent in its HDI value (from 0.631 to 0.755) from 1990 to 2017. According to the Women Peace and Security Index of 2016, Armenia ranked 100th out of 152 countries (with a score of 0.654 versus 0.662 of global index average). Armenia ranks in the top ten list of countries with the worst son bias, with 114 boys born for every 100 girls.

Laws, Policies, Regulations and Institutional Practices

The legal framework in Armenia grants equal rights to men, women, boys and girls. The constitutional amendments of 2005 stipulate that all human beings are equal before the law in the Republic of Armenia (RA). In 1993, Armenia acceded to the United Nations (UN) Convention on the Elimination of All Forms of Discrimination against Women. The UN Convention on the Political Rights of Women entered into force in Armenia in 2008. The National Labor Code defines gender equality as a principle of labor legislation, mandating that women and men receive equal pay for equal or equivalent work, and prohibiting

¹ To read the full document, and review the footnotes please visit: <https://banyanglobal.com/wpcontent/uploads/2019/09/USAID-Armenia-Gender-Analysis-Report-1.pdf>

discrimination in the job application processes. The 2013-2018 National Employment Strategy highlights the importance of addressing employment problems among youth and women in Armenia. The Law on Public Service, adopted in March 2018, mandates equal pay for all in the public sector, as does the Law on Remuneration of Persons Holding State and Public Service Positions. Most recently, Armenia adopted the Republic of Armenia (RA) 2019-2023 National Program and Action Plan to Ensure Equal Rights and Equal Opportunities for Men and Women, as well as the 2019-2021 National Action Plan for the Implementation of UN Security Council Resolution 1325 (on Women, Peace and Security). In addition, the RA is deliberating a new law on anti-discrimination, which would forbid discrimination based on ethnicity, gender, social background, and capacity (disability). The proposed law does not, however, address discrimination based on sexual orientation and gender identity. There is no legislation in Armenia that addresses sexual harassment in the workplace. Though a law on domestic violence has been adopted, it is incomplete and weakly enforced. In general, despite the RA's efforts to reduce gender inequalities in national legislation, a gap between legislation and implementation continues to exist, and gender inequalities are still socially accepted or tolerated. This is particularly the case in rural areas where gender inequalities are historically more entrenched, which makes it more difficult to implement gender policy reform.

Cultural Norms and Beliefs

Patriarchal and traditional rigid social norms and perceptions regarding masculinity, femininity, gender equality, sexuality, the division of household tasks, and gender-based violence (intimate partner violence and peer violence), remain prevalent in Armenian society. In a 2016 survey, men – in particular married men – demonstrated the most gender inequitable attitudes. In this survey, women were more likely to adhere to statements in favour of gender equity (especially young women). Married men were statistically more likely to agree with statements that support gender inequitable norms than married women (with 48 percent of married men versus 32 percent married women supporting gender inequitable views).

There are high levels of acceptance of intimate partner violence among both sexes. A 2016 study found that 66 percent of men and 63 percent of women reported that “if a woman betrays her husband, he can hit her.” The actual prevalence of violence is lower than the prevalence of acceptance of such violence: 50 percent of men practiced emotional violence in the last 12 months; 35 percent practiced physical violence; and 53 percent practiced economic violence. In addition, one in four women reported that her partner tried to offend her or intentionally hurt her feelings one or more times over the same period. One in six women reported that her partner had forbidden her to work outside the home. These biases and practices tend to be ubiquitous in rural areas and remain pervasive in urban centers.

Gender Roles, Responsibilities and Time Use

Though gender norms are changing in some parts of Yerevan and also among more progressive families across the country, most Armenians adhere to traditional gender norms in which men are considered the breadwinners and are not expected to undertake domestic responsibilities including childcare. Even if a married woman works outside the home and earns income, she is still expected to continue to carry out all unpaid domestic responsibilities including childcare. Women are also expected to take maternity leave to care for their newborn children, whereas men are not. If a married women's salary is high enough, she may be able to hire childcare and domestic help (mostly in Yerevan). However, there is still the underlying expectation that a husband must out-earn his wife. In effect, the husband's income is the assumed threshold for a wife's earning capability. In more conservative parts of Armenia, where kinship ties are especially strong, there is also the expectation that married women hand over their income to their husbands (or mothers-in-law). A woman's status is especially precarious when she enters the home of her husband's family as a young bride in a conservative, traditional family setting (see Annex I).

In Armenian society, there are not only greater expectations for men than women with respect to income generation but also with respect to educational and professional achievement, political participation, and religious affiliation. Not surprisingly, a 2013 survey found that 37 percent of women and 50 percent of men agreed with the statement that “politics is no place for a woman,” and 62 percent of women and 75 percent of men respondents believed that “leadership skills are more developed in men.” Though quantitative data are lacking, qualitative data collected during the gender analysis revealed that men are much more visible in leadership positions in all areas except in the education sector. Many Armenians believe that women are less represented in leadership roles in the private and public sectors, including in politics, due to women's personal choices not to work in those areas (see Annex I).

Access to and Control Over Assets and Resources

Although Armenian law grants equal property rights to women and men, women are not able to exercise these rights due to several factors including: discriminatory property registration practices; patrilocal marriages and inheritance practices; limited access to resources (due to limited access to and control over financial resources either through credit or income); and limited knowledge regarding their ownership rights over land, housing and other assets (i.e., cars). Though women are granted the same rights as men to open bank accounts, women face discrimination in accessing credit, especially in rural areas. This is due to the lack of specific laws to prohibit discrimination by creditors on the basis of gender or marital status. In some cases, there are data distortions that indicate that women receive high levels of loans and credit. This is due to the fact that in some regions, male business owners take advantage of loans and credit earmarked for and/or in the name of female business owners (namely, their wives). Furthermore, in some cases, property or assets are registered in the wife's name but controlled by her husband.

Beyond assets, women have traditionally lacked access to predominantly male informal socio-economic networks, which have limited their ability to advance their economic status and influence socio-political reforms.

Patterns of Power and Decision-Making

In the traditional family system, there is little support for women's agency. It is common for women to have to ask permission to work, requiring interventions at multiple levels to determine where, how, and when they will do so. Although one might expect that there has been a generational shift in attitudes toward more progressive family values among younger men and women, adherence to the traditional family system is still prevalent in Armenia. According to the 2016 Armenian Youth Study (targeting a representative sample of youth aged 16 to 35 years), the role of the husband was seen as influential in decision-making for 84.5 percent of married women in rural regions, and 77 percent of married women in urban areas. Only 13 percent of husbands in rural areas stressed the influence of their wives on decision-making whereas married men in urban areas did not stress it at all.

In terms of everyday decision-making, the traditional multi-generational household structure and larger nexus of kinship obligations in Armenia have shaped gendered norms. This, along with their economic and financial dependence on men, limits women's power and decision-making. In these traditional settings, patrilineal mothers-in-law often exert power and influence over other members of the extended family, and complaints of abuse of power against women are often reported. In some cases, mothers-in-law condone intimate partner violence.

In general, there is very limited visibility of women in decision-making positions whether in government, politics, or the private sector (for further information refer to Section 5.2). However, there are often more opportunities for young women to make their own decisions and to decide their career paths and future activities in less traditional families and to a greater extent in Yerevan. Among these families, there are instances where women are supported to follow their dreams, travel and study abroad, and to build a professional career.

For the DG-ECHO, the following is a good example of a gender analysis in a humanitarian setting:

The following example of a gender and age analysis covers all crucial elements: It discusses the roles of different gender and age groups and their control over resources; it analyses discrimination and differential access to humanitarian assistance; it assesses the effects of the crisis on different gender and age groups; it details the capacities of these groups to cope and respond to the crisis; and it identifies the specific needs of young and older women and men.

Situation: In 2013, country Z experienced very severe floods, affecting 20 million and displacing over 7 million people.

Assessment results and specific needs

Host communities and displaced groups identified clean drinking water, sanitation facilities and medical services, infrastructure, food and cash/employment as their most immediate needs. While men emphasised water, infrastructure and cash/ employment, women prioritised water and sanitation, medical services and food. Water, Sanitation and Hygiene (WASH) is a priority need for all communities. Over 80% of villagers do not boil their daily drinking water, people often resort to open defecation and many women and girls collect water from unprotected sources or distant locations, which increases their vulnerability to physical violence. As a result, water-related diseases like fever, diarrhoea (especially for children), scabies, other skin diseases and eye infections are the most common health problems. Many households headed by women are still in need of proper shelter, WASH supplies and food as they are often not accepted by host communities. Female doctors and other staff are not available to provide health services to pregnant women. In the communities, the notion of modesty is crucial. Women of all ages have been bathing in unclean water while fully dressed and need other clothes and the privacy to remove them.

Among older people, 71% said that their health had been negatively affected. They complained of problems with mobility and sight, making it difficult for them to access aid. Older women, in particular, lack access to food distributions. All of the older people we interviewed directly after the floods lacked and needed access to basic sanitation, such as functioning latrines.

Roles and control of resources

Country Z is a male-dominated society. Men traditionally are the traders and take most decisions within the family and community, including the marriages of their daughters. Women and girls tend to have a lower educational status, have limited ownership rights and are often neglected by the family and the society. The areas of health and hygiene are an exception, where the role of women is accepted and they are usually allowed by their husbands or fathers to take part in community groups. Women and girls are therefore among the most vulnerable groups in the society, have very limited opportunities for being active members of the community and for claiming their rights. This has an effect on the capacities of individuals and households to cope with and recover from the crisis. Traditionally, the communities made a living from growing crops, livestock, brewing and trading. Before the floods, trading – an exclusively male role – was the first or second source of income for most households, but it has since dropped to fourth or fifth place. Most households reduced their meals from three to two per day and the quality of meals has deteriorated, especially for girls and women who eat last. Today, most households cannot afford basic goods/ services such as education, health and clothing and this scarcity disproportionately affects children, women and older people. The dropout rate for schoolchildren has increased from an average of 10% to an estimated 25% among boys and 50% among girls. Men are particularly affected by the destruction of crops and loss of income generation activities based on trade. Most of the young and adult men are seeking work and many have migrated to fishing areas, or areas with alternative opportunities for agricultural employment, such as sugar cane plantations. During their absence, some women have started to trade the few livestock products they can produce. This is creating tensions when the men return.

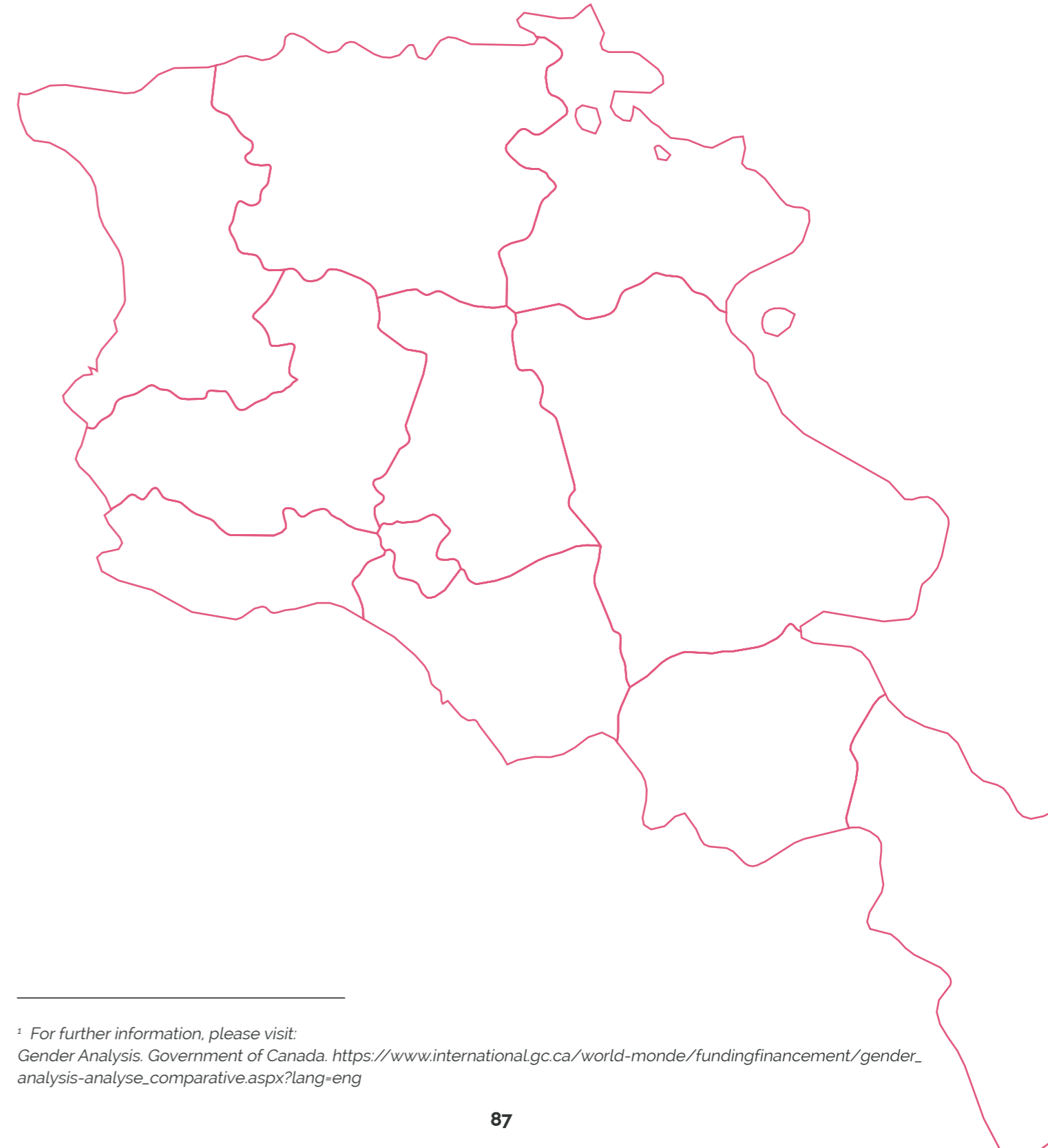
Capacities and coping mechanisms

Affected communities have tried different strategies to recover their previous income generating activities but have not made much progress due to the lack of financial support. Young and adult men frequently ask for support to recover their crops and livestock to be able to trade again in the market. Young, adults and older women demonstrated their willingness to collaborate as social mobilizers or promoters of women's health. Children have expressed a strong desire to go back to school, as most of them had been regularly attending school before the floods.

For Global Affairs Canada¹ a Gender Analysis means gathering information to enhance the understanding of the gender roles and relations in a specific context; it involves asking the difficult questions. When conducting research, consider whether you are **challenging the existing gender division of labour, tasks, responsibilities, and opportunities. Who are the intended recipients of the benefits of the proposed policy, programme or project, and who could potentially lose?** Both women and men must be consulted on the issue at hand and have the opportunity to contribute to defining the solution. At the same time, it is essential to consider the long-term impact of a policy, programme or project regarding women's equality

with men. How will these enable women to have increased control over their lives? Roles and control of resources

Example: every year, at least 585,000 women die of pregnancy or childbirth-related causes around the world (WHO, 2000). A medical approach to maternal mortality can only partly address this tragic and complex problem. Broadening the focus and giving attention to equality issues such as child marriage, limited access to reproductive health services and family planning, female genital mutilation, and women and girls eating last and least can reduce and transform the recurring nature of maternal mortality. Reconsidering an issue using gender analysis expands the understanding of the challenges women face and the range of solutions available.



¹ For further information, please visit:

Gender Analysis. Government of Canada. <https://www.international.gc.ca/world-monde/funding-financement/gender-analysis-analyse-comparative.aspx?lang=eng>

Annex IX

DG ECHO Gender and Age Marker 4 areas and sub-questions¹

6.1 Gender and Age

Marker criteria are only met, if **ALL sub-criteria are sufficiently met** (see the Gender-Age Marker Toolkit and assessment card).

Information on the Marker should be included throughout different sections of the Single Form. If core information related to the four Marker criteria is only included in the below section, but not in other sections of the Single Form, the criteria will not be considered sufficiently met by DG ECHO.

Is the marker applicable?

The Marker is applicable to humanitarian actions delivering assistance to affected communities.

The Marker is **not applicable only in FEW specific cases**, namely actions that do not deal directly with affected populations.

Examples include air services for humanitarian workers or goods, emergency telecommunications, or capacity-building projects targeting only humanitarian organisations or workers. Another example is procurement, transport and storage of goods, as long as this does not include distribution, the choice of the location for storage or the choice of the goods.

Q1: Does the proposal contain an adequate and brief gender and age analysis?

You can answer YES, only if the following has been explained in the Single Form:

- 1 Impact of the crisis on women, girls, boys and men
- 2 Description of roles and access to/control over resources
- 3 Their specific needs
- 4 Identification of discrimination/lack of access to assistance and protection
- 5 Vulnerabilities and capacities of the different gender and age groups, and
- 6 Any specifically vulnerable groups with specific needs

Q2: Is the assistance adapted to the specific needs and capacities of different gender and age groups?

You can answer YES only if, based on the gender-age analysis' findings, there is a **systematic/coherent adaptation of assistance** to different gender and age groups. Concrete **examples MUST be provided**. If the action targets specific gender and/or age groups, specific needs must be justified.

Information should be included in the section "**logic of intervention**".

Q3: Does the action prevent/mitigate negative effects?

You can answer YES only if information on how negative effects potentially caused by the action (e.g. SEA) will be **PREVENTED** and how gender or age related risks created by the context (e.g. discrimination) will be **MITIGATED**.

Information should be included in the "**risk analysis**" and the "**logic of intervention**".

Q4: Do relevant gender and age groups adequately participate in the design, implementation and evaluation of the action?

You can answer YES only if

- 1 a participatory approach of diverse gender and age groups and active participation of affected populations in design, implementation, monitoring and evaluation; Adequate representation of different gender and age groups; for targeted actions: engagement with other critical stakeholders and; Adequate formats, timing, locations, facilitation techniques and contents to enable the effective participation of all relevant gender and age groups) and
- 2 Adequate team composition are demonstrated (Mixed humanitarian teams including male and female members of different ages; Team members with experience in integrating gender and age concerns into humanitarian aid).

Information should be provided in the Single Form section "**involvement of beneficiaries**".

Based on the answers, each Action will be marked with a score (0-2). The mark is calculated automatically.

Remember the mark assess results and not efforts.

The mark will be attributed automatically using the following scale:

The action does not deal directly with affected populations	N/A
The action meets none or only one criteria	0
The action meets 2 or 3 criteria	1
The action meets all 4 criteria	2

ADDITIONAL COMMENTS AND CHALLENGES

This section should ONLY be used to provide additional information on measures to prevent or mitigate potential negative effects, challenges and limitations encountered when trying to integrate gender and age into the action, and measures for integrating gender and age that would have been appropriate but were not or could not be taken for a certain reason.

If core information related to four Marker criteria is only included in the below section, but not in other sections of the Single Form, the criterion will not be considered sufficiently met by DG ECHO.

¹ For further information, please visit: <https://www.dgecho-partners-helpdesk.eu/mssa/action-proposal/fill-in-the-singleform/6-gender-and-age-marker>

Annex X

How to work with men as allies



TIP SHEET #6

Feminist Pocketbook

Men as allies and activists

The Coalition of Feminists for Social Change (COFEM), created in 2017 to reassert a feminist perspective in violence against women and girls (VAWG) work, is a collective of activists, academics, and practitioners working globally to end VAWG.

This Tip Sheet is part of the COFEM Feminist Pocketbook. For access to the full Pocketbook, go to: www.cofemsocialchange.org.

Tip Sheet 6 presents some of the challenges in engaging men in feminist activism and gender-based violence (GBV) prevention efforts, and underscores the need for accountability to women and girls in all work with men and boys to end GBV.

Key points

- Ending GBV requires a joint effort among allies, partners and activists, including men and boys.
- Male involvement in GBV programming presents challenges, including but not limited to the risks of depoliticising GBV work and diverting funding and capacity from women's organisations.
- When male allies do not follow or engage with women-led GBV efforts, they perpetuate gender inequality — the very problem they aim to address.
- To be effective, male involvement programmes and male allies and activists must be accountable to women's rights activists, women leaders and women-centred programmes.

What is the issue?

Ending GBV requires working with men and boys as allies, partners and activists. However, engaging men in feminist-oriented GBV work involves risks and challenges. The feminist GBV community needs to be clear, vocal and united about how to engage men and boys in women-led GBV efforts in a safe and ethical way, and how male allies can be accountable to women's leadership and activism.

Why does this matter?

There is a growing demand in humanitarian and development settings for GBV programming to involve men and boys; programmes that engage men and boys are often considered 'innovative'. However, men's engagement programmes have in some instances promoted the de-politicisation of GBV work, i.e. they have contributed to a discourse that overlooks gender inequality as the root cause of GBV.⁴² In addition, these programmes can divert limited funding and resources from an already under-resourced field, resulting in fewer financial and human resources for women's rights organisations and GBV programming that prioritises women and girls. Increased investments in programmes to engage men may result inadvertently in serious harm to women and girls.

Practice and implementation show clearly that some men's engagement efforts not only de-centre the experiences and voices of women and girls, but also are disconnected from ongoing women's efforts to end GBV. Such programmes replicate the patriarchal structures of men's power over women that feminist activism and GBV prevention seek to transform, perpetuating the very problem they seek to address. In other words, male engagement without a feminist political agenda can erode an already fragile space and further marginalise women's rights organisations and activists.

What are the challenges in engaging men in GBV work?

Shift in focus, funding and resources

A trend in some male engagement programming is the shift away from a specific focus on ending men's violence against women and girls and promoting women's rights toward addressing male priorities and concerns. For example, growing attention in male engagement work to the harms of gender norms for men has shifted attention (and funding) from men's responsibility for women and girls' gender-based oppression to the specific experiences of men. Some male engagement programmes focus on the pressures men face to provide for and protect their families as a key characteristic of masculinity. Although this work is indisputably valuable in addressing men's needs, it often fails to include discussion of how women also face financial pressures as well as an unequal burden of household chores and responsibilities. Efforts to engage men on the reality of harmful masculinities is important, but in order to be accountable to women and girls, these efforts must lead to more transformative work that challenges the broader social structures that support power imbalances between women and men.

⁴² See Tip Sheet 1 for further discussion of the de-politicisation of work to address violence against women and girls.

Case study: Uganda

In 2017, the Government of Uganda launched the National Male Involvement Strategy for the Prevention and Response to Gender-Based Violence in Uganda. This new national policy prioritises male involvement in GBV prevention and response as the key strategy for national GBV work. The policy aims include:

- Guidance on integrating male involvement into GBV policies and programmes;
- Transforming male gender norms and practices;
- Providing male-friendly services to men who experience GBV;
- Awareness raising among duty bearers (e.g. medical professionals, teachers) to provide gendersensitive GBV services;
- Building strategic partnerships to engage men and boys in prevention and response to GBV; and Strengthening research to build evidence for 'male involvement' on GBV prevention and response.

Without an evidence base supporting its approach, this policy shifts the national agenda on GBV work toward men and seeks to engage men in GBV programming as the end goal. There is little consideration of how building men's engagement in these ways will actually improve women and girls' ability to live free from violence. By shifting the national GBV focus and funding priorities toward men, attention and resources are diverted from the long-standing women-led and women-centred efforts that have been essential to keeping women and girls safe.

For GBV programmes, this trend has translated further into a push by some male engagement partners for GBV interventions to address not only men's perpetration of GBV, but also the impact of GBV on men, including men's experiences of violence and as victims of patriarchy. This is partly a result of the depoliticisation of the term 'GBV'. Although patriarchal structures harm everyone, this shift in the framing of GBV is another example of how male engagement work can pull focus and funding away from women and their experiences of GBV, affecting investments to address the immediate needs of women and girls, including safe spaces for girls and women and livelihoods efforts to build their financial independence.⁴³

Failure to address gender inequality and patriarchal structures

When men's engagement in GBV efforts fails to address gender inequality, it can reinforce norms around men's power over women. It is fairly common for male engagement programming to focus on changing the behaviour of individual men rather than transforming gender inequality in society. These programmes also reference women's rights in their roles as mothers, wives, daughters and sisters — and engage with men around their behaviour toward women in these roles. This approach positions women in relation to men, which fails to recognise them as individuals deserving of full human rights.

Male engagement programming's failure to address gender inequality can also occur when men do not follow women's lead in GBV work. Men's leadership has the potential to reflect dominant beliefs and norms that men are leaders and women should support and follow men's direction. Men who work in violence prevention are not immune from failing to recognise the privileges they hold in society due to their gender. When this happens, these men may directly or inadvertently reinforce unequal power structures between women and men, undermining the potential efficacy of their GBV prevention work.

Accountability matters

Accountability means that people with privilege — in this case, males who are privileged as a result of gender inequality — must be led by those who experience oppression by them, in this case, women and girls.⁴⁴ Feminist activists have witnessed some male engagement programmes gain credibility from their associations with local women's movements without honouring this relationship through meaningful accountability. Lack of accountability to basic feminist principles and transformative women-centred work privileges men who already benefit from patriarchy rather than dismantling the systems of power that underpin GBV.

⁴³ See Tip Sheet 7 for clarification of the differences between VAWG and violence experienced by men and boys.

⁴⁴ See Tip Sheet 4 for further information and guidance on accountability to women and girls.

Some male involvement initiatives do have accountability frameworks and attempt to operationalise them. For instance, MenEngage, a network of 600 non-governmental organisations working with men and boys to promote gender equality, provides accountability standards and guidelines to help their members put practice accountability. However, the focus tends more towards individual reflection and accountability rather than organisational and structural accountability. Self-reflection is important; men must hold themselves accountable and responsible for centring the voices and experiences of women and girls and ensure their work does not replicate or further embed unequal power and male superiority. Nevertheless, accountability at the individual level is not enough. Rather, accountability needs to infuse all levels of work, from the individual to the institutional and beyond to broader structural change. For those organisations engaging men in GBV work to be truly accountable, there must be consistent critical action, evaluation and self-reflection, as well as support of, and bridge-building with, women's rights movements.



Practitioners, researchers, donors and policy-makers

- Ensure that work to prevent GBV is firmly women-centred.
- Apply a gender-power analysis to all GBV programming.
- Prioritise feminist-informed leadership and women-led interventions so that male allies do not detract from the limited spaces for women's leadership and decision-making.
- Partner with women's organisations in men-only interventions throughout planning, implementation and evaluation so that women's voices remain the focus of male-led GBV work.
- Develop monitoring indicators to ensure the focus of GBV programming does not shift to maledominated activities or priorities.
- Develop clear women-centred standards and systems for accountability to women and girls for GBV work, including criteria for male engagement programming

Practitioners and donors

- Allocate time and resources to operationalise standards of accountability in all GBV programmes, including integrating checks and balances so that projects remain accountable to women.

Male practitioners

- Reflect critically on personal positions of power over female colleagues and community members.
- Support transformative change of patriarchal structures and operationalise accountability to women's rights movements.

Donors and policy-makers

- Avoid perpetuating or replicating the shift toward male-centred GBV discourse and practice.
- Promote a women-centred and pro-feminist framing of the discourse, strategies and resources around GBV.



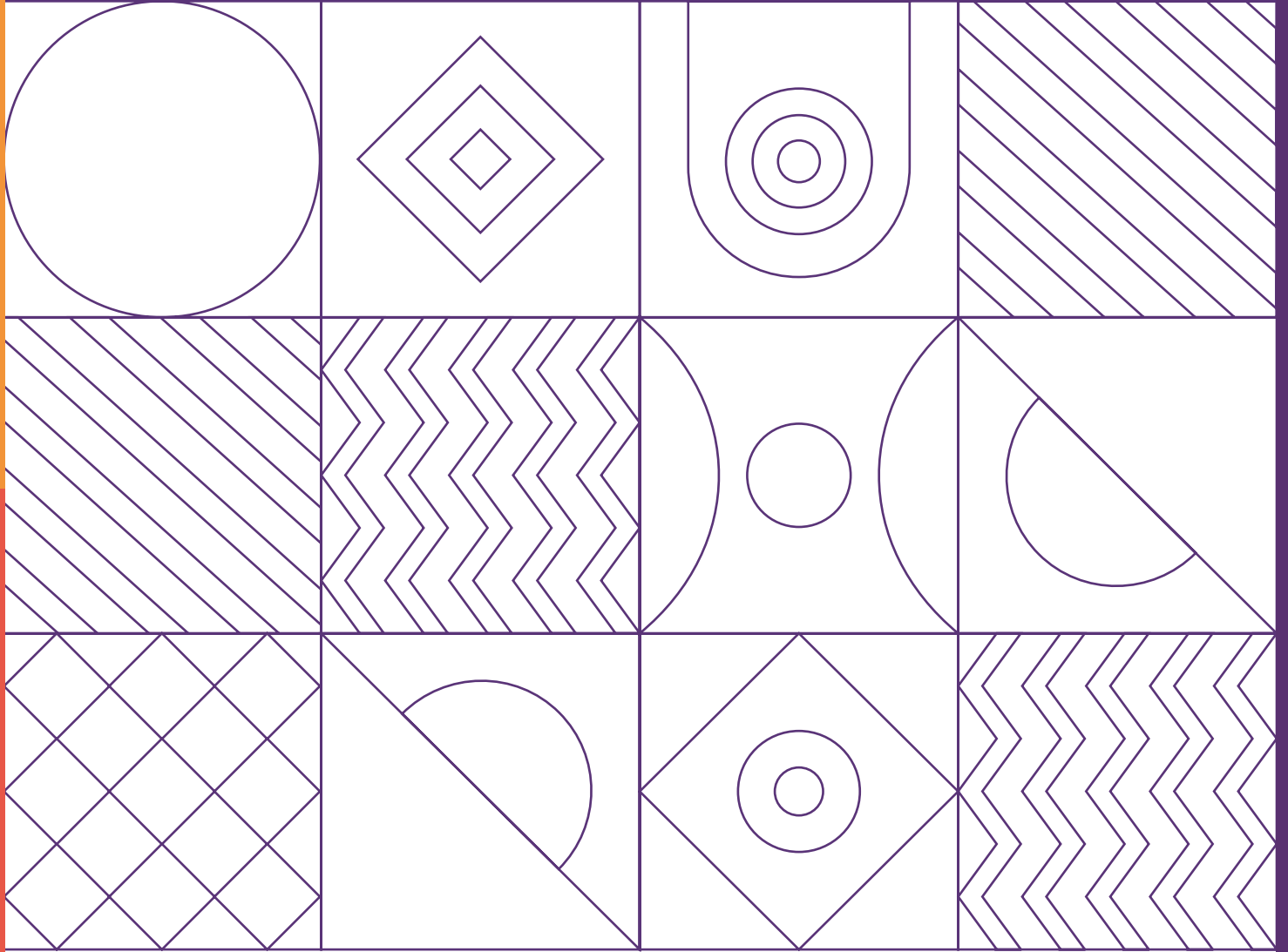
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Suggested citation: Coalition of Feminists for Social Change (COFEM), Men as allies and activists, Feminist Pocketbook Tip Sheet 6, 2018.

COFEM would like to acknowledge the Equality Institute for its role in writing the Feminist Pocketbook and the many COFEM members who contributed to it.



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