

Evaluating Gender-Transformative Programming in Humanitarian Aid

Humphrey School Capstone Report

The Hubert H. Humphrey School of Public Affairs
The University of Minnesota

Paxton Andrada
Shweta Bhor
Malak Khalil
Alishia Wright

PA 8081 Capstone Workshop
Global Policy
Instructor: Professor Eric Schwartz, Global Policy Chair

Spring 2024

Women's Refugee Commission



HUMPHREY SCHOOL
OF PUBLIC AFFAIRS
UNIVERSITY OF MINNESOTA



Subject Keywords (to aid searchability in the Digital Conservancy, minimum 4):
Gender Equity, Humanitarian Aid, Program Evaluation, Organization Evaluation, Systems Change

Abstract (250 words or less):

Since the United Nations Resolution 1325 was passed, the humanitarian community has developed guidelines and tools to assist practitioners in designing and implementing more gender-sensitive and gender-inclusive programs. However, in practice, the operationalization of gender-inclusive approaches is often pro forma, peripheral, or an add-on to existing and predetermined programming efforts. This research project, undertaken in partnership with the Women's Refugee Commission (WRC), a leading organization committed to addressing the unique needs of women, children, and youth displaced by conflict and crisis, seeks to determine the barriers faced by program staff when implementing gender-transformative programming. The study includes a desk review of existing literature regarding this kind of programming in humanitarian aid, and qualitative interviews with gender experts in the aid sector to fill in any gaps found in the literature. Through the desk review, there are two cluster focuses, food security and sexual and reproductive health, along with two crisis focuses, the Rohingya refugees in Bangladesh and internally displaced peoples in the Democratic Republic of Congo. The desk review was used to formulate the interview guide for the expert interviews. Based on the findings of the literature review, case studies and the interviews, we formulated recommendations to implement effective gender-transformative programs.

*EVALUATING
GENDER-
TRANSFORMATIVE
PROGRAMMING IN
HUMANITARIAN AID*

A University of Minnesota and Women's Refugee
Commission Study

Paxton Andrada, Shweta Bhor, Malak Khalil, Alishia Wright

Executive Summary

Since the United Nations Resolution 1325 was passed, the humanitarian community has developed guidelines and tools to assist practitioners in designing and implementing more gender-sensitive and gender-inclusive programs. However, in practice, the operationalization of gender-inclusive approaches is often pro forma, peripheral, or an add-on to existing and predetermined programming efforts. This research project, undertaken in partnership with the Women's Refugee Commission (WRC), seeks to determine the barriers faced by program staff when implementing gender-transformative programming.

Through a literature review and interviews conducted, four main thematic areas for barriers emerged: systemic, organizational, programmatic, and local. Systemic barriers relate to the misconceptions overall of the importance of including gender-transformative programming and the necessity of incorporating those measures into humanitarian aid programs. Organizational barriers concern challenges with implementing these priorities and establishing metrics internally to ensure consistency across the organization's work. Programmatic barriers relate to staff capacity and execution of the priorities established. Local barriers are related to the context in which aid is being delivered and the specific needs of populations which are being served. Across these overall thematic areas, there is a lack of clarity and understanding between the levels of this work, which can lead to a lack of clarity and implementation, even if the need to include gender-transformative programming is apparent.

Based on the findings of the literature reviews, case studies and the interviews, we formulated some recommendations to implement effective gender-transformative programs as shown in Figure 1. While most of our findings have been observed and identified in several studies and guidelines, our framework could be used as a checklist by the organization to ensure effective implementation of gender transformative programs.

Figure 1: Recommendations



Introduction

This research project was undertaken in partnership with the Women's Refugee Commission (WRC), a leading organization committed to addressing the unique needs of women, children, and youth displaced by conflict and crisis. Established in 1989, WRC has focused on research, policy development, and programs to promote gender equality and protect the rights of displaced populations worldwide. WRC's institutional commitment to realizing gender equality in humanitarian action underpins this project's objectives and scope.

Despite efforts like the United Nations Resolution 1325 emphasizing the importance of integrating gender perspectives into peace and humanitarian initiatives, the practical application of gender mainstreaming principles remains very limited. For the purposes of this study, we define gender-transformative as those programmatic methods that go beyond gender mainstreaming to truly change the circumstances and culture regarding the importance, capabilities, and role of women and other marginalized genders in societies. The increasing awareness and development of tools intended to promote gender-sensitive humanitarian programming are not enough as true operationalization and mainstreaming of gender-transformative approaches remain a significant challenge. It is widely accepted that women, girls, and other marginalized genders are disproportionately impacted by conflict and crises, too often bearing the worst negative impacts of these situations. Without implementing gender-transformative programming, their experiences and the impacts of the conflicts or crises in their lives are ignored and the disparities are perpetuated or even exacerbated by those who are

there to help. While guidelines and tools have emerged to support practitioners in designing and implementing gender-inclusive programs that address the distinct needs of women, men, girls, and boys, in practice, such efforts frequently remain peripheral – treated as an obligatory add-on rather than fully integrated into core programmatic decision-making and activities. The comprehensive and sustained integration of gender-transformative approaches across all the aspects of the humanitarian program cycle continues to face systemic barriers.

This research study, conducted in partnership with the Women's Refugee Commission (WRC), investigates the disconnect between the aspirations of gender-transformative policies and the realities faced by program staff in implementation in the humanitarian aid context. By examining the barriers that humanitarian actors encounter in operationalizing gender-transformative programming, the research aims to determine practical guidelines for effective program design, implementation, and monitoring & evaluation. Through a comprehensive literature review and key informant interviews with gender experts, the study explores the systemic challenges undermining efforts towards meaningful gender mainstreaming. Crucially, it also seeks to identify emerging opportunities and enablers for change.

Through the desk review, there are two cluster focuses, food security and sexual and reproductive health, along with two crisis focuses, the Rohingya refugees in Bangladesh and internally displaced peoples in the Democratic Republic of Congo. Food security was chosen as an area of focus as, due to traditional gender roles, women have an more responsibility and are the primary person responsible in the family for feeding the family. Therefore, food security directly impacts women and girls more than men and boys. Sexual and reproductive health was chosen due to the special risks women face specific to their sexual and reproductive health while simultaneously having less agency over their bodies. Bangladesh and the Democratic Republic of Congo were chosen as geographic focuses as the crises themselves are contrasting in nature (shorter duration versus decades-long duration and refugees versus internally displaced peoples), which can have an effect on how gender is integrated into the response in practice.

This study employed a qualitative research approach to explore the key barriers, enablers and considerations for achieving gender transformation through humanitarian programming. The methodology comprised two core components: A comprehensive desk review synthesizing published literature and evidence on gender mainstreaming efforts, best practices, persistent challenges, and learnings across the humanitarian sphere. Primary data collection through key informant interviews with nine experts and practitioners engaged in gender programming and policy across various humanitarian organizations and institutional contexts. As part of the desk review, we looked at Rohingya refugees in Bangladesh as well as internally displaced peoples in the Democratic Republic of Congo. We chose these two conflicts as they provide contrasting contexts, specifically in the realm of conflict duration and whether the people fled the country, both of which could be significant factors in recovery.

The goal is to ensure the unique needs, vulnerabilities, and contributions of women, girls, and other marginalized gender identities are not just recognized but are also actively centered and addressed through humanitarian interventions. This can be done by developing overarching guidance to support actors across the humanitarian sphere in not just gender-sensitive programming but programs and processes specifically designed for transformative impact in promoting gender equality. This guidance spans the full program cycle – from

conducting inclusive gender analyses that capture local contexts and power dynamics, to translating findings into strategic program design, to monitoring and evaluating through a transformative lens assessing impacts on discriminatory systems and norms.

Literature Review

General State of Humanitarian Aid and Evaluation

According to academic literature, there seems to be at least three main topics of focus regarding the incorporation of gender into aid programs: organizational structure, program design and implementation, and external evaluations of programs. Focusing on the structure of organizations, one of the findings across the board is that how decisions are made matters when incorporating gender into programs. In organizations where decision-making is mostly autocratic, with technical staff making all programming decisions, there tends to be less focus on the experiential differences between genders. Thus, this can increase the disparities in program impact, as the implementation fails to acknowledge or disregard the different needs of different population subsets. Conversely, when organizations have more of a participatory approach to decision making, it creates more space for women and other marginalized genders and communities to be advocated for by country team staff. This leads to more gender-transformative programming. By creating a more inclusive structure, the experiences of every community are taken into consideration and addressed in program design, having a direct positive correlation to monitoring and evaluation (Gupta et al., 2023). These structural aspects no doubt have an impact on the culture of the organization as they are interdependent. Gender mainstreaming requires a shift in mindset along with the structures, particularly regarding budgeting, staff, incentives, tools and methods, and policy making. It is clear in the literature that one cannot happen without the other.

When we shift to programmatic implementation in humanitarian aid, we can see how interrelated the programmatic issues are to the organizational. Implementation of gender-transformative programs are directly affected by capacity and awareness. Programs often lack the staff capacity to implement gender-transformative programs in ways that are needed to make an impact on the community (Maiso et al., 2019). By having more staff and implementing more training regarding gender-mainstreaming, country teams can better consider gender differences in their target populations. Furthermore, having staff that are committed to integrating gender into programs is key to being successful in implementation (Maiso et al., 2019). Notable as well was the discussion of funder perceptions and interests in funding this kind of programming (Maiso et al., 2019). Without funders seeing the need to implement gender-transformative programs, it was much more difficult to have this as a priority for country teams.

Moving to the evaluation of programs, gender-related assessments tend to focus on either organizational characteristics and practices or on program outputs. While they are interrelated as previously discussed, focusing on only one side of the equation can be misleading (Goulart et al., 2021). However, by challenging power relations and the

organizational and systemic structures, evaluators can enhance accountability for both organizations and programs (Goulart et al., 2021).

When it comes to recommendations for the humanitarian aid system overall, the suggested focus in the literature is on marrying the two sides of the equation: organizational structures and programmatic implementation. Women from all levels of the organization need to have input in the decision-making process, even organizational decisions, with specific inclusion of site staff, their views, and the local women's groups (Gupta et al., 2023). Further, gender mainstreaming must be incorporated at all levels of the organization, through a specific line item in the budget, workshops, technical training for staff, and program management expertise (Gupta et al., 2023). Site staff must also increase their own accountability using performance and impact standards for the staff themselves (Maiso et al., 2019). Organization leaders need to become champions for new policies and resources that help develop effective monitoring and evaluation processes, creating a culture of strategic learning, meaning integrating evaluation and other feedback into decision making and learning in real-time to adapt to the changing circumstances in programs and organizations (Goulart et al., 2021). Finally, women and other gender minorities need to be included in the programs from the initial design all the way through to evaluation (Goulart et al., 2021). Without implementing these recommendations, organizations and programs will not be able to create the impact in their programs that they are seeking to create.

Sexual and Reproductive Health (SRH)

SRH Guidelines:

The most widely applied technical standard for sexual and reproductive health in the humanitarian contexts is the Minimum Initial Service Package (MISP). The MISP is created by the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG), which consists of NGOs, donors, governments, and UN agencies. This manual offers field staff advice on reproductive health actions during emergencies and its components are used as indicators of accountability. (Singh et al., 2018)

MISP includes six fundamental program goals: "(1) Ensure the health sector/cluster identifies an organization to lead the implementation of the MISP. (2) Prevent sexual violence and respond to the needs of survivors; (3) Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs; (4) Prevent excess maternal and newborn morbidity and mortality; (5) prevent unintended pregnancies; and (6) Plan for comprehensive SRH services, integrated into primary health care as soon as possible." (Inter-Agency Working Group)

SRH Global Concerns:

In the humanitarian aid context, women and girls suffer from several sexual and reproductive health-related obstacles including access to and quality of healthcare facilities. During emergencies, limited access to sexual and reproductive health (SRH) services leads to unintended pregnancies, unsafe abortions, maternal health issues, and higher rates of sexually transmitted infections. There are substantial global gaps in SRH information and services,

posing risks to individuals and families. Those most affected by these gaps include adolescents, people with low incomes, residents of rural areas and urban slums, individuals with HIV, displaced persons, and those in humanitarian crises. (Singh et al., 2018)

Also, the global health community recognizes that improving healthcare coverage in the context of emergencies isn't enough if there are ongoing issues with the quality of care. Efforts to enhance healthcare quality focus on accountability-related factors like respectful treatment, corruption, and oversight. Furthermore, social disruption and increased insecurity can lead to higher rates of Sexual and Gender-Based Violence (SGBV), including Sexual Exploitation and Abuse (SEA). Women and girls face unique challenges related to maternal health and are more vulnerable to SGBV. However, men and boys also have SRH needs and can be victims of SGBV. (Schaaf et al., 2020)

Accountability and Evaluation in SRH programming:

One of the studies defined accountability as both answerability and sanctions. In this definition, answerability means the responsibility to provide answers for any decisions or actions. Sanctions involve the imposition of negative ramifications for any informally or formally conducted violations or failures. Another major aspect of accountability is reparation where compensations, financial awards, and guarantees against any future harm are required. (Schaaf et al., 2020)

Due to their intimate and deeply culturally rooted nature, SRH is one of the most complicated areas of accountability efforts. Implementing effective accountability measures in these areas may involve changing societal, religious, and political views about gender, reproduction, and power among affected communities. The literature discusses several approaches to promote accountability focusing on sexual and reproductive health in humanitarian aid programming. Some of these approaches included incorporating feedback mechanisms from affected people, and practical application of standards for performance accountability. (Schaaf et al., 2020)

As part of “accountability to affected populations” (APP) efforts, humanitarian agencies have prioritized the need and right of the affected people to participate in the different stages of humanitarian aid programs. Several mechanisms have been created to incorporate the feedback and input of the affected populations including feedback boxes, community meetings, community help desks, and call centers. As a result, it has been proved that, in the last five years, there has been an increase in the percentage of affected populations who have access to such mechanisms. Some of the measures that humanitarian agencies need to consider ensuring effective implementations are increasing awareness about the feedback mechanism; creating culturally appropriate tools; ensuring the accessibility of the most marginalized groups in the community; and training staff to use these mechanisms and incorporate their findings. (Schaaf et al., 2020)

Also, to design and implement effective SRH programs, humanitarian agencies need to collect disaggregated data and conduct gender analysis to identify the specific needs of women and apply appropriate strategies. Another priority should be assessing efforts to address the structural and cultural barriers that hinder women's participation and adversely affect the implementation of gender-transformative programs. Furthermore, one of the recommendations

in the literature is to adopt affected population-led accountability efforts. This entails meaningful participation and engagement of local women's organizations and addressing the accountability failures in the SRH programs. (Schaaf et al., 2020)

There are also many difficulties related to the monitoring and evaluation process of SRH programs. While international guidelines for SRH in humanitarian aid contexts exist such as MISRP, there is a lack of standardized monitoring and evaluation frameworks to assess the progress of these SRH services. Moreover, there is a lack of agreement about what indicators should be included and their definitions. Indicators also fail to cover all domains of SRH as some of these domains are new areas of focus such as comprehensive abortion care and adolescent reproductive health. It is often politically challenging to assess some SRH domain (Broaddus-Shea et al., 2019). Another problem is the absence of quality disaggregated data on women's and girls' health in emergency contexts. (Singh et al., 2018)

Food Security

Ensuring food security is a critical concern in humanitarian response as conflict, disaster, and displacement can severely disrupt food systems and people's ability to access and utilize sufficient nutritious food. Gender inequalities exacerbate food insecurity risks for women and girls during crises, making effective gender-transformative food security programs are critical for ensuring equitable access to food and nutrition for all (FAO, IFAD, UNICEF, WFP and WHO, 2022).

The literature highlights the concern of norms and role divisions based on traditional ideas of gender in relation to food security. These norms often assign roles related to food production, processing, preparation, and distribution to women, and during crises, women's workloads increase in order to feed their families with limited resources (CARE, 2022). This places the burden of securing enough food for the family as a whole on women. However, women tend to have more limited access to and control over critical productive resources such as land, agricultural inputs, credit, technology, and markets compared to men, which constrains their ability to produce food for their families or generate income to purchase food during emergencies (CARE, 2022). Further, lacking a voice in household and community decision-making processes restricts women's influence over strategies adopted to cope with food insecurity, as male household heads frequently control decisions about food utilization and distribution (CARE, 2022). Additionally, households headed by women have been found to be significantly more food-insecure than those headed by men (Akalu and Wang, 2023). When these aspects of gender-roles are combined, what we see is women being responsible for feeding the family, but having no agency in accessing food resources or control over how food is produced, nor being able to contribute to decisions being made regarding how to ensure food security. Their experience is completely erased, and their needs are not a factor in any sort of community decisions. Likewise, when their burden of care increases regarding food, they are less able to participate in work and community affairs. When families are unable to secure enough food for the family, it is often the women who eat last and eat the least, which impacts their health and wellbeing as well.

Regarding recommendations in the literature for food security programs, there are three clear aspects of the program process that recommendations focus on: needs assessment, implementation, and evaluation. Regarding needs assessments, the main recommendation is to

conduct participatory gender analyses to understand the specific gender dynamics, roles, capacities, and constraints related to food security in that context (Visser & Wangu, 2021). Without a strong base incorporating the experiences of the population based on gender in the needs assessment portion of the program lifecycle, programs cannot hope to implement effective programming as they would not be aware of what would be truly impactful.

Secondly, programs need to specifically address women's experiences in their programming itself. This can be done through increasing women's equal participation and decision-making power through targeted outreach, addressing barriers to participation, and promoting women's voices and leadership (IASC and UN Women, 2017). Programs can also facilitate women's equitable access to productive resources like land, inputs, finance, technology and markets through policy changes, training, and direct support. However, in order to do any of these options, the cultural norms would need to be addressed either prior to or concurrently with the interventions.

Finally, looking at the evaluation process, programs need to utilize gender-sensitive monitoring and evaluation frameworks with indicators measuring impacts on gender dynamics, women's decision-making power, roles and responsibilities, and nutritional outcomes disaggregated by gender and age (IASC and UN Women, 2017). This ensures that programs are being held accountable for the implementation of gender-transformative programs.

Specific Cases: Rohingya Refugees in Bangladesh and Internally Displaced People in the Democratic Republic of Congo

We looked specifically at two cases of crisis and conflict in the world to provide us with a different perspective on gender-transformative programming in humanitarian aid: the Rohingya refugees in Bangladesh and internally displaced people in the Democratic Republic of Congo. We chose these two cases for numerous reasons. Regarding Bangladesh, there has been incredible violence in Myanmar, the homeland of the Rohingya, causing them to flee. We knew prior to examining the situation that there has been much violence towards women and girls, giving us a closer look at how gender-based violence influences sexual and reproductive health. Regarding the Democratic Republic of Congo, we chose this country as they have been going through conflict and crisis for much longer than Myanmar and Bangladesh. Also, the people have not fled the country, but rather moved around within the Democratic Republic of Congo, making them internally displaced rather than refugees. We believe that the combination of these two aspects of the country along with its geographic location being far different from Bangladesh would provide another aspect to our work, specifically regarding longevity of conflict.

Cox's Bazar camp in Bangladesh hosts the world's most densely populated refugee settlement with over 900,000 Rohingya refugees. The Rohingya are a Muslim minority from Myanmar's western Rakhine State, with many fleeing due to persecution and violence since August 2017. During that time, more than 745,000 Rohingya sought refuge in Bangladesh, adding to the existing 200,000 Rohingyas. (Persson et al., 2021)

Rohingya women and girls have faced sexual violence both before and during their flight from Myanmar. The UN has reported widespread instances of rape and other forms of sexual violence by Myanmar's military against them. Even after displacement, these women and girls remain vulnerable to sexual and gender-based violence. (Persson et al., 2021) About 52% of

the women arriving in Bangladesh experienced various violations, requiring specialized care for their health and sexual and reproductive health (SRH) needs. Displaced Rohingya women and girls suffer from SRH concerns such as increased risks of maternal complications, sexually transmitted diseases, unintended pregnancies, and unsafe abortions. Additionally, the absence of proper sanitation and hygiene exacerbates their situation, adversely affecting their sexual and reproductive health rights. The risk of HIV and other sexually transmitted diseases is also a concern due to these conditions. (Jannat et al., 2022)

Some of the SRH initiatives that took place in Cox Bazar are increasing awareness of women about their sexual and reproductive wellbeing, creating women friendly spaces to discuss their struggles, and reducing GBV incidents in the refugee camp. (Jannat et al., 2022)

While there are several SRH programs being implemented in the refugee camp at Cox Bazar, the literature identifies multiple barriers that hinder the effective implementation of these programs. Some of these barriers include cultural norms, lack of income, lack of knowledge, patriarchal society, and religious beliefs. (Jannat et al., 2022)

Regarding the Democratic Republic of Congo (DRC), the humanitarian crisis has been affecting the easternmost regions of the country for nearly 30 years. There has been continued armed conflict, displacement, and political transitions since the mid-90s with the influx of refugees resulting from the genocide in Rwanda that have led to increased instability of the DRC. Though the resolution to the Second Congo War led to peace negotiations and established a UN peacekeeping force, conflict over the resource-rich territory has continued. This conflict worsened in late 2023, and as territory continues to be inhospitable as a result, there are around 6.9 million internally displaced people in the DRC (Center for Preventive Action, 2023).

The continued conflict has worsened health outcomes for women and girls significantly. Because of the continued instability, there isn't infrastructure present to ensure or improve access to family planning services, STI treatment, or emergency health facilities. Additionally, the maternal mortality rate has continued to rise as access to health facilities becomes more challenging with continued violence. Internally displaced people are also at higher risk to experience gender-based violence due to a lack of personal security; this has manifested in the DRC with over 300,000 internally displaced women being vulnerable to gender-based violence (UNFPA, 2023).

There are also high rates of food insecurity among people in the DRC, with similar challenges with infrastructure and conflict being cited as underlying causes. Across the DRC, 26 million are "severely food-insecure," and 4.4 million women and children are "acutely malnourished" (Bryant & Khorsandi, 2023).

Expert Interviews

Data Collection

This study employed a qualitative research approach, drawing on our desk review of published literature as we conducted key informant interviews. Semi-structured virtual interviews were conducted with nine experts and practitioners in gender programming from various humanitarian organizations and institutional backgrounds. An interview guide was developed in

consultation with the Women's Refugee Commission to explore key themes around gender mainstreaming enablers and obstacles, monitoring and evaluation practices, and organizational capacity and culture. Interviews ranged from 45 minutes to 1.5 hours in length. With participants' consent, the remote interview sessions were recorded, and these audio files were transcribed for analysis. To protect individual privacy and encourage candid perspectives, a confidentiality agreement was established. No names or identifying details of interviewees are included in reporting the study findings.

Sampling and Recruitment

The initial aim was to use a snowball sampling approach to identify key informants, beginning with gender expert contacts provided by WRC. However, this sampling methodology had limited success within the study timeline. We ultimately relied on our own professional networks and expert contacts to recruit some of the final sample of nine interviewees, all in cooperation with WRC. While relatively small, the sample represented a diverse range of organizational backgrounds (multilateral institutions, non-governmental organizations, advocacy groups, consulting practices) and geographic perspectives from humanitarian response settings around the world.

Data Analysis

Interview transcripts were coded and analyzed using ATLAS.ti qualitative data analysis software. A primary codebook was developed based on the interview guide's key thematic areas, with additional codes incorporated through an inductive process capturing other emergent themes from the transcripts. The coded data underwent thematic analysis to identify recurrent and contrasting perspectives across the interviews. We particularly emphasized on understanding context-specific nuances and differentiating viewpoints based on variables like organization type, environmental context, and thematic area of focus.

Limitations for Research Methodology

As with any study informed by qualitative methods, the findings presented here should be understood as reflecting the specific perspectives, experiences, and contexts represented in the sampling rather than universal empirical truths. The small sample size, particularly of field practitioners implementing programming, limits the generalizability of the results, though the desk review compensates for that drawback. Given time and resource constraints, this study was also unable to incorporate primary data collection directly from the communities and populations affected by humanitarian crises and gender programming interventions themselves. Their voices and lived realities as recipients of such programming would have provided invaluable additional insight into the criticalness of this issue. Despite these limitations, the rich qualitative data gathered offers a textured understanding of the systemic barriers, as well as key considerations, for achieving gender transformative change within the humanitarian sphere. When triangulated with the comprehensive literature review, clear themes and priorities for action emerge to guide the way forward.

Key Findings from Interviews, Supported by Other Research

Analysis of this research reveals four main thematic areas of systemic, organizational, programmatic, and local barriers. The systemic challenges that were identified in this research relate to the general misconceptions present in the current landscape regarding gender-transformative programming. Overall, the system of delivering humanitarian aid needs revision to more substantially address gender inequality and the root causes that lead to it. Additionally, there is a misconception that, because of the urgent nature of humanitarian aid, it is not essential to include gender analysis into those programs and short-term lifesaving needs that don't usually include gender relations and structures. However, the reality is that gender-transformative programs are lifesaving and limited access to this aid has lasting impacts on the receiving community, even if this exclusion is unintentional. Additionally, many humanitarian crises have long-term impacts such as displacement, which can last for decades. Hence, humanitarian programming must incorporate long-term outcomes that lead to changing gender structures and gender power dynamics.

The organizational barriers that this research identifies relates to the overall disconnect between policy and practice when approaching gender-transformative programs. While organizations may identify the need for and importance of incorporating these priorities into their programs, there are challenges with actually executing and monitoring their inclusion. Similarly, strategic plans can miss the mark of what can be prioritized in their programming, which can cause unrealistic expectations and further miscommunication. The programmatic challenges identified reflect those organizational challenges, in that there is not the existing capacity to implement gender-transformative programs in the ways that organizations may dictate. There are also challenges relating to program staff awareness of gender-transformative measures and their importance, which affects the execution of the program and its priorities.

The last thematic area relates to the local community in which the aid is being delivered and the population which is being served. The context in which aid is delivered is essential to consider when developing gender-transformative measures for programs. Countries are vastly different from each other regarding gender norms and attitudes; therefore, each country's context needs to be taken into consideration far more than it currently is. Also, cultural and social norms in specific locations can be one of the biggest barriers to implementing gender-transformative programs. Thus, organizations should not only be aware of the cultural norms but also implement activities that aim to change these norms to ensure the effective implementation of gender-transformative programs. Similarly, there are distinct differences in each population being served, and those differences must be considered so that each program more comprehensively serves the population in which they are approaching.

Recommendations



(To utilize this framework as a checklist, see Appendix IV.)

Step 1: Needs assessment and analysis

Conducting thorough gender analysis and needs assessment during the program design phase has been a persistent focus in several interviews. Interviewees explained that the current humanitarian response is often based on the perceptions and priorities of organizations rather than the actual needs of the affected people, especially different minorities and gender-diverse groups. Hence, interviewees emphasized that gender-transformative programs should identify the needs and priorities of women and design their assistance accordingly.

An important point that emerged in several interviews is that gender analysis should be rooted in the local contextual situation, not solely based on global policies and principles. Programs can achieve this by conducting context analysis and engaging local participation. Program designers need to study the unique inequalities that women face in different communities, including socioeconomic disparities. Subsequently, the analysis should address the root causes and context of these inequalities, such as cultural practices, power dynamics, family settings, and social norms.

Another significant aspect of the context analysis is the stakeholder analysis, which identifies the various stakeholders, their interventions regarding gender transformation efforts,

and community reactions towards them. Organizations should explore the past and current efforts undertaken by local partners, states, or international organizations, and assess how the community perceives the delivery of these programs. Based on this, they can identify gap areas and evaluate existing capacities to implement effective gender-transformative programs at both country and humanitarian agency levels. This can facilitate the effective design and implementation of gender-transformative programs.

Moreover, gender analysis should ideally be conducted by members of the community rather than external gender advisors or focal points hired by organizations. The rationale behind this is that community members are better equipped to understand the nuances of the context and gender relations. If the gender analysis is conducted by external advisors, it should be conducted by consulting the affected people and communities. While not all gender-transformative programs currently adhere to this practice, it should be a goal they strive for.

Step 2: Strategic planning

- Set long-term culturally relevant goals.

In almost all the interviews, gender experts explained that there is a fundamental misconception about what defines humanitarian response and how gender is often not considered a priority within that definition. Humanitarian response is frequently characterized as short-term or immediate lifesaving efforts in crisis settings. However, this definition fails to reflect the realities of the current humanitarian crises. In reality, millions of people experience crises that last for multiple years, if not decades. Interviewees highlighted that humanitarian response typically lasts for 36 months, leading to the perception that this timeframe is insufficient to address issues like gender and that development programs should be responsible for tackling these long-term issues. This limited perspective, which overlooks the long-term needs of affected people, can hinder genuine transformation. Gender transformative efforts require extensive engagement with the community, a task that cannot be accomplished within the short time frame of humanitarian response programs. Such programs need a longer timeframe to implement effective activities and observe tangible changes.

Given this, organizations should advocate for and adopt a long-term approach that aligns with the current reality of humanitarian crisis settings. To achieve this, humanitarian aid programs should incorporate components that address the long-term needs of affected people, including gender-related efforts.

- Incorporate indicators that assess the impact, outcomes, outputs, and processes.

Monitoring and evaluation frameworks for all programs should include specific indicators related to gender and inclusion. These indicators should reflect strong gender-transformative measures that address the root causes of gender inequalities based on gender analysis. M&E frameworks should highlight the expected outputs and outcomes specifically related to gender transformation. Given the nature of gender-transformative programs and their goals to change

social structures and attitudes, there should be a balance between quantitative and qualitative indicators, leaning towards more qualitative measures.

Indicators should not only focus on raw numbers that reflect the outputs of the programs but should also assess the long-term impact of the interventions. While providing a service is good, it's crucial to identify the real impact of that service. For instance, while measuring the number of girls with access to schools is important, evaluating the long-term outcomes and impact of their education on changing the structures that shape gender relations in society is paramount.

Additionally, organizations should not only have a clear vision of their strategy for gender-transformative efforts but also need to establish precise and realistic action plans for achieving these goals.

Step 3: Implementation

- Inclusion of men and boys

There is a widespread underestimation of the vulnerability of men and boys in the humanitarian context. While there is an understanding that women and girls are often the most vulnerable or the most affected group in humanitarian crises, interviewees explained that men and boys also experience a wide range of difficulties. Therefore, to implement effective gender-transformative programs, organizations cannot only focus on half the population. They need to include men and boys and address their needs to achieve real gender transformation.

Excluding men and boys from gender-transformative programs can sometimes do more harm than good. For instance, excluding them from sexual and reproductive health programs can reinforce existing cultural and societal norms that perceive reproductive health as merely a women's issue. Transformation will not occur unless we consider the needs of men and boys. As such, their needs must be recognized, addressed, and directly incorporated into gender-transformative programs.

- Ensure participation of local women's organizations.

Experts consistently emphasized the importance of localization in all the interviews, highlighting various program phases where localization should occur. According to IFRC, localization means increasing international investment and respect for the role of local actors, with the goal of increasing the reach, effectiveness and accountability of humanitarian action. Efforts towards localization should progress from just rhetoric to systematic operationalization and practice. One approach to localization is investing in local women's organizations through financial support and capacity building. Furthermore, meaningful participation of local women's organizations should be promoted in gender-transformative programs. They should be consulted and included in decision-making processes across different program phases, including program design and evaluation.

Step 4: Evaluation

Conducting effective monitoring and evaluation are essential parts of successful gender-transformative programs. Evaluators should conduct baseline and end-line surveys to assess the progress of the program. Periodic reporting on different levels should take place to track progress and ensure accountability. The evaluation framework should include advanced metrics that reflect the current nature of crisis settings. One of the ways to promote that is by hiring evaluators who are up-to-date with current evaluation metrics and creative about engaging different stakeholders. Evaluation processes and frameworks should be led and set by local organizations that have a better understanding of the context and gender relations.

In addition to that, there is a persistent concern that program evaluation is a lengthy and expensive process. Sometimes program evaluation can take years to be completed and published which makes it impossible to make any modification accordingly in the life span of the program. In fact, it is often hard to timely accommodate any lesson learned or recommendations in future programs.

Risks and Limitations

While we are confident in the above recommendations and the rigor of the research completed to inform the recommendations, this study does come with risks and limitations. The main risk is that this study is duplicative. Through our research, we discovered that there are many tools and guidelines that currently exist in humanitarian aid that seek to address this exact issue with varying degrees of success. We also had multiple interlocutors state that the existing literature regarding gender-transformative programming and the barriers experienced by program staff is quite comprehensive. Therefore, the protocol above could be seen as duplicative of other efforts to address this issue and the findings overall could be seen as not adding anything new to the space of humanitarian aid.

We have also identified four main limitations: implementation timelines, monitoring and evaluation timelines, lack of common definitions, and funding power dynamics. First, the timelines in which programs operate tend to be shorter-term, 36-months at most. Operating beyond 36-months is seen as encroachment upon international development's expertise. However, to create the systemic change that is sought when implementing gender-transformative programming, longer running programs are needed, or at least longer-range goals that go beyond one single program to be included in the next program. Therefore, the very nature of humanitarian aid as it is short-term aid, is a limitation to creating the systemic changes that are desired. It should be noted, though, that humanitarian aid can go well beyond 36-months and principles of recovery and development should inform humanitarian interventions.

Second, monitoring and evaluation processes are expensive and lengthy. Outside teams are brought in to evaluate a program's success causing increased costs for the programs. Results are not published until at least one year after the program's completion, making the results ineffectual to the program that was evaluated as well as any future program in the same area as contexts can change quite quickly. One interlocutor spoke of a program they were part of that was evaluated in 2022 and the results were about to be published in March 2024, long

after the conclusion of the program and after this interlocutor had left the organization altogether. Beyond the timeliness needed when producing evaluation results, the results themselves are not widely disseminated, making it difficult to learn from past programs at all.

Thirdly, there is a lack of common definitions within humanitarian aid, particularly around matters of gender. Multiple times throughout the study, interlocutors asked what the definition was we were using for gender-transformative. This shows that different countries and organizations have different definitions for the same terminology. Without common definitions of these terms, it is difficult to have a common understanding of the importance of incorporating and promoting gender in programs. Without this common understanding, inconsistencies will continue.

Lastly, the largest limitation to the above recommendations is the funding power dynamics in humanitarian aid. The above protocol is comprehensive and good to implement, however, without buy-in from funders of programs, such as USAID, the European Commission, and Canadian Humanitarian Assistance Fund, there will be no true impact. Multiple times throughout the study, the issue of funders arose and their determinations of what counts as gender-transformative, what metrics they want to see, or the politics of various funders creating barriers and limitations to how programs can be designed and administered. These findings are not new. In Nwoke's article, which looks specifically at humanitarian aid in Nigeria, they discuss the importance of funding in humanitarian aid overall, with specific attention paid to the short funding cycles (Nwoke et al., 2022). Funders can create the barriers and limitations due to the fact that without funding, there is no program. Due to the severe limitations and stipulations put on programs by funders, any large systemic change needs to occur with how funders see gender-transformative programming. It cannot just be how many sewing machines were given to women to create their own businesses or houses built for families with women as the head of the household or families with LGBTQIA+ members. The narrative of what counts as gender-transformative needs to be changed on a funder level so programs are free to create the more systemic changes they truly want to create. A narrative-change campaign can incorporate podcast episodes, virtual panel discussions, in-person educational events, written materials sent to decision makers about the definitions of gender-transformative, lobbying of lawmakers regarding the importance of incorporating gender into programs in meaningful ways and so much more. The aim would be a more intense engagement between real experts and official funders, such as USAID, the European Commission, and more, broadening their view of what is truly gender-transformative and what is impactful versus what is just surface-level and easily reversed. Without this type of work, however, the current state of gender-transformative programming in humanitarian aid will largely stay the same.

Conclusion

Attaining gender-transformative humanitarian action that substantively enhances equality, equity and rights remains an uphill battle constrained by systemic barriers at multiple levels. Despite growing commitments to gender mainstreaming policies and the development of guidelines to support gender-sensitive humanitarian programming, this study underscores the profound systemic barriers that continue to constrain meaningful operationalization and transformative impact. Humanitarian policies and plans frequently commit to gender equality on

paper, but deprioritize it in practice due to funding constraints, lack of staff capacities, and competing priorities driven by outdated masculine norms and power structures.

This study's findings highlight deep-rooted challenges spanning individual organizational practices, as well as the overarching funding and operating models defining the humanitarian system itself. Gender policies and commitments frequently exist at the institutional level but become deprioritized or stripped down in actual implementation realities shaped by human resource constraints, lack of ongoing staff capacity building, and conflicting donor priorities and incentives. Addressing these barriers requires nuanced solutions tailored to context, rather than blanket protocols.

Overcoming these obstacles requires comprehensive reforms across multiple levels - from the funding instruments and contracting requirements that shape organizational incentives and accountability to human resource policies and performance management systems that build sustained technical expertise, to partnerships that authentically engage local women's voices in assessments, program design, and decision-making spaces.

In a crisis, humanitarian actors bear witness to how gender norms, roles and power dynamics serve as both drivers and impacts of conflict, violence, deprivation, and displacement. Meaningful responses, therefore, cannot treat gender as an optional addendum, but rather must centralize dismantling discriminatory systems and structures as part of the core mission, as seen by our recommended program protocol, which can be used as a checklist such as in Appendix IV. Only through courageous leadership, innovative partnerships with local women's organizations, and sustained political and financial investment can humanitarian operations live up to their emancipatory aspirations. Achieving this transformative vision is both a moral and pragmatic imperative for reducing human suffering and cultivating just, peaceful societies.

Appendix I - References

- Akalu, L.S., Wang, H. (2023). Does the female-headed household suffer more than the male-headed from Covid-19 impact on food security? Evidence from Ethiopia. *Journal of Agriculture and Food Research*, Volume 12. <https://doi.org/10.1016/j.jafr.2023.100563>
- Broaddus-Shea, E. T., Kobeissi, L., Ummer, O., & Say, L. (2019). A systematic review of monitoring and evaluation indicators for sexual and reproductive health in humanitarian settings. *Conflict and Health*, 13(1), 43–43. <https://doi.org/10.1186/s13031-019-0221-1>
- Bryant, E. & Khorsandi, P. (2023). *Cost of cuts: Funding shortfalls threaten to push millions facing hunger to brink of starvation*. World Food Programme.
- CARE. (2022). Food Security and Gender Equality: A synergistic understudied symphony. <https://www.care.org/wp-content/uploads/2022/08/Final-Version-Food-Security-and-Gender-Equality.pdf>
- Center for Preventive Action. (2023). *Conflict in the Democratic Republic of Congo | Global Conflict Tracker*. Council on Foreign Relations. <https://www.cfr.org/global-conflict-tracker/conflict/violence-democratic-republic-congo>
- FAO, IFAD, UNICEF, WFP and WHO. (2022). The State of Food Security and Nutrition in the World 2022. FAO. <https://doi.org/10.4060/cc0639en>
- Gender-based violence*. UNHCR. (n.d.). <https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence>
- Goulart, C. M., Purewal, A., Nakhuda, H., Ampadu, A., Giancola, A., Kortenaar, J. L., & Bassani, D. G. (2021). Tools for measuring gender equality and women’s empowerment (GEWE) indicators in humanitarian settings. *Conflict and health*, 15(1), 39.
- Gupta, G. R., Grown, C., Fewer, S., Gupta, R., & Nowrojee, S. (2023). Beyond gender mainstreaming: transforming humanitarian action, organizations and culture. *Journal of international humanitarian action*, 8(1), 5. IFRC. (n.d.). Localization. <https://www.ifrc.org/happening-now/advocacy-hub/localization#:~:text=Localization%20means%20increasing%20international%20investment,and%20accountability%20of%20humanitarian%20action.>
- Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. (2020). Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. In larh. <https://www.unfpa.org/sites/default/files/resource-pdf/MISP-Reference-English.pdf>
- Inter-Agency Standing Committee and UN Women. (2017). Gender in Humanitarian Action Handbook: Gender Equality and Food Security. https://www.gihahandbook.org/media/pdf/en_topics/food_security.pdf

- Jannat, S., Sifat, R. I., & Khisa, M. (2023). Sexual and Reproductive Health Conditions of Women: Insights from Rohingya Refugee Women in Bangladesh. *Sexuality Research & Social Policy*, 20(3), 855–868. <https://doi.org/10.1007/s13178-022-00758-z>
- Maiso, G. W., Ssekamatte, D., & Namara, R. B. (2019). Factors Affecting Development of Gender-Sensitive Monitoring and Evaluation Systems in Humanitarian NGOs in Uganda. *Ugandan Journal of Management and Public Policy Studies*, 17(1), 1-23.
- Nwoke, C. C., Becker, J., Popovych, S., Gabriel, M., & Cochrane, L. (2022). Gender transformation in humanitarian response: insight from northeast Nigeria. *Journal of Humanitarian Affairs*, 4(1), 36-47.
- Persson, M., Larsson, E. C., Islam, N. P., Gemzell-Danielsson, K., & Klingberg-Allvin, M. (2021). A qualitative study on health care providers' experiences of providing comprehensive abortion care in Cox's Bazar, Bangladesh. *Conflict and Health*, 15(1), 6–6. <https://doi.org/10.1186/s13031-021-00338-9>
- Schaaf, M., Boydell, V., Sheff, M. C., Kay, C., Torabi, F., & Khosla, R. (2020). Accountability strategies for sexual and reproductive health and reproductive rights in humanitarian settings: A scoping review. *Conflict and Health*, 14(1), 18–18. <https://doi.org/10.1186/s13031-020-00264-2>
- Singh, N. S., Aryasinghe, S., Smith, J., Khosla, R., Say, L., & Blanchet, K. (2018). A long way to go: a systematic review to assess the utilization of sexual and reproductive health services during humanitarian crises. *BMJ Global Health*, 3(2), e000682–e000682. <https://doi.org/10.1136/bmjgh-2017-000682>
- United Nations Population Fund. (2023). *Democratic Republic of the Congo Situation Report - Humanitarian Response Scale up: Ituri, North Kivu, and South Kivu Provinces (01-31August 2023)*.
- Visser, J., & Wangu, J. (2021). Women's dual centrality in food security solutions: The need for a stronger gender lens in food systems' transformation. *Current Research in Environmental Sustainability*, 3, 100094.

Appendix II - Interview Guide

Advancing Gender Equity in Humanitarian Response

We will ask the following questions based on the expertise of the interviewee. If the interviewee is an expert in the topic in general, we will only ask parts 1, 2, and 4 while generally referring to SRH and food security. If the interviewee is a practitioner or an expert in one of the two areas of focus, we will go in-depth and ask about parts 3 and 4. The examples provided beside the questions are just for the interviewees' reference.

Introduction:

This interview is part of our capstone project aimed at providing a status report on the current state of gender-transformative programming in the global humanitarian aid space as well as providing recommendations for an evaluation framework for gender-transformative programming. According to former Secretary-General Kofi Annan, "Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development, and building good governance." Based on that, our project focuses on how humanitarian aid programs can go beyond gender-sensitive interventions and shift to gender-transformative ones. We define gender-transformative programs as interventions that not only recognize gender disparities but also foster a deep understanding of the root cause behind inequalities and lead to actual shifts in gender relations, interpersonally or at a structural level.

The interview is expected to take around 30-45 minutes. Do you have any questions before we begin?

Part 1: General questions on the participant's role, and involvement in gender-transformative programs:

We will start with a few questions about your role and involvement in gender-transformative programming.

- 1- Can you tell me about your role in ... (Care/ Un Women...)?
- 2- How would you describe the gender-transformative programs you are currently involved in?

Part 2: The existing guidelines and frameworks and the barriers to implementing them.

Now, we would like to learn more about the guidelines and frameworks utilized to implement gender- transformative programs:

- 1- What policy commitments or guidelines does your organization follow to implement gender- transformative programs?
- 2- What kinds of limitations do you see in these policies and guidelines?
- 3- What are the efforts, tools, and processes that you utilize to implement these guidelines?
- 4- How successful do you think the implementation of policies and guidelines is in humanitarian aid settings?
- 5- What barriers do you see practitioners having with gender-sensitive program implementation?
- 6- What actions should be taken to implement effective gender-sensitive programs?

Part 3: Sexual and Reproductive health-related questions

Moving on, the following questions will examine specifically the implementation of gender- transformative sexual and reproductive programs.

- 1- What guidelines do you utilize to implement gender- transformative programs? (e.g., MISP minimum initial service package for RH in crisis)
- 2- What kinds of limitations do you see in these policies and guidelines?
- 3- What are the efforts, tools, and processes that you utilize to implement these guidelines?
- 4- How successful do you think the implementation of SRH policies and guidelines is in humanitarian aid settings?
- 5- What are the on-ground barriers to implementing SRH programs? (e.g., cultural barriers, harmful hierarchies,)
- 6- In your experience, what are some effective strategies for promoting gender- transformative SRH programming?

Part 4: Food security-related questions

Moving on, the following questions will examine specifically the implementation of gender- transformative food security programs.

- 1- What guidelines do you utilize to implement gender- transformative food security programs?
- 2- What kinds of limitations do you see in these policies and guidelines?

- 3- What are the efforts, tools, and processes that you utilize to effectively implement these guidelines?
- 4- How successful do you think the implementation of gender transformative food security policies and guidelines are in humanitarian aid settings?
security programs?
- 5- What are the on-ground barriers to implementing effective gender-transformative food security programs?
- 6- In your experience, what are some effective strategies for promoting gender-transformative food security programming?

Part 5: Accountability/ Monitoring and Evaluation

Finally, the next questions will be about the evaluation frameworks and processes for gender-transformative programs.

- 1- How does your organization hold itself accountable to the gender-transformative commitments it sets for itself?
- 2- What are the evaluation and monitoring guidelines that you use to evaluate gender-transformative programs?
- 3-How useful do you think the measures and indicators are in capturing the success of the program?
- 4- What are the flaws of the existing evaluation guidelines and process?
 - a. What are the domains that evaluation indicators focus on and what are the domains left out?
 - b. Do the indicators focus on the outcome, process, output, or impact?
 - c. Do these indicators reflect accountability to only donors or affected people?
 - d. Do you believe that the existing accountability measures focus on the rights and needs of affected women to participate and provide their input? If not , what are the actions that should be taken to achieve that? (e.g. women's groups to self-identify their needs and demands in SRH programs)
- 5- From your perspective, what are some key components that should be included in an evaluation framework for organizations to hold themselves accountable to gender-transformative programming goals?

Appendix III - Codebook

Major Themes	Sub themes		Codes	
Gender-transformative programs guidelines and framework	Guidelines utilized		Care International guideline	
			IOC Revision	
			centralized/ international framework (generally)	
			Minimum Standards for Operating (Afghanistan)	
			USAID Gender Equality and Female Empowerment Policy	
	Limitations of guidelines		inability to capture the long-term needs	
			Difficulty in Application (localization)	
	Efforts to implement these guidelines	Program Strategies		gender analysis
				evidence based gender needs assessment
				deploying advisors
				gender and social inclusion teams
				accountability
		Advocacy / policy		donor influence
				Long-term approach
		Examples of programs		LEAD program for women empowerment
				Second Chance of education program
		Barriers for implementation	Location-based	cultural norms

	Program-based	exclusion of men and boys
		lack of capacity
		lack of awareness
		impact of funders perspectives
		organization size
	System-based	not prioritized in context of crisis
		speed of implementation
		challenges with time frame
		programs not reaching transformative measures
		old programmatic models
		Lack of funding for gender-transformative programs
		Lack of funding for local women's organizations
		Lack of funding (generally)
		Lack of accountability
		issues with implementation followthrough
		challenges with language/ translation services
		short-term humanitarian interventions
		policy-practice disconnect
	Dependent on individuals	
Recommendations for better implementation	System-related	strong accountability measures
		narrative change
		intersectionality

		effective M&E process
		Increase funding
		flexible funding
		localized leadership
		ensuring meaningful local participation
		integrating gender in development and aid
		clear policies from donors
	Organization-related	realistic action plans
		gender mainstreaming (staff recruitment)
		multilateral collaboration
	Program-related	Feedback of affected people
		localization of needs assessment
		incorporation of gender in data collection
		gender representation
Sexual and Reproductive Health	Limitations of SRH guidelines	existing patriarchal ideas
	Efforts to implement these guidelines	Improvement in Monitoring guidelines
		Increased attention (priority)
	Barriers for implementation	stronger social barriers
		stereotypical expectations from men and women
	Recommendations for better implementation	inclusion of men and boys
		addressing the needs of men and boys

Food Security	Efforts to implement food security guidelines		economic empowerment	
			needs assessment	
Accountability	Ways to ensure accountability		Performance evaluation based on gender	
			Gender related criteria in recruitment process	
			Periodic reporting	
			Integrate gender in M&E processes	
			large, well-known evaluations	
	M&E guidelines		Oxfam guideline	
			Care International Guideline	
			IMAGES	
			centrality of protection	
			Humanitarian Response Plan with Severity Analysis	
			UN SWAP	
			USAID's illustrative gender indicators	
			Literature review (UNESCO)	
	Flaws of the guidelines / M&E process	Flaws of the tools		lack of specific vision / goals
				Lack of unified framework
			old evaluation metrics	
			Measuring outcomes and not impact	
Flaw of the process			lack of specific vision / goals	
			lack of fact-based interventions	
			Lengthy and expensive process of Evaluation	

		Failure to include recommendations and lesson learned	
		age of staff	
		Lack of local women organizations participation	
		Resource Intensive	
		Lack of focus on LGBTQ+ groups	
	Recommendations	Tools	More qualitative indicators
		Process	integration of country context
			evaluation of funders
			Baseline and endline surveys
			recruit younger M&E staff
			holistic view of programs
			Localization
	Indicators to be included	women have equal access to socioeconomic resources	
		women have better control of family resources and benefits	
		women have control over family decisions	
men have better knowledge about SRH			
Women feel safe			
women have access to feedback channels			
Husbands have progressive views about relationships			
Husbands change their behaviors			



Husbands see family planning as their responsibility

Appendix IV: Recommended Framework Checklist

Step 1: Needs Assessment and Analysis

- Conduct gender analysis and needs assessment.
 - Collect disaggregated data based on gender and age.
 - Identify the needs and priorities of women and girls.
- Integrate country context.
 - Study the unique gender inequalities in a community.
 - Study the systematic and structural bases of these inequalities.
- Conduct stakeholder analysis.
 - Identify the different stakeholders (public, private, NGOs)
 - Evaluate the stakeholders' capacities to implement and maintain gender-transformative programs.
 - Map out the different interventions.
 - Study the community reactions toward these interventions.
 - Identify the service gaps.
- Encourage a local-led analysis.
 - Engage or consult community members in data collection and analysis.

Step 2: Strategic Planning

- Set long-term culturally relevant goals.
 - Acknowledge the current long-term reality of humanitarian crises.
 - Set objectives that reflect the long-term needs of the affected people.
- Incorporate indicators that assess the impact, outcomes, outputs, and processes.
 - Add indicators that reflect strong gender-transformative measures.
 - Add qualitative measures or at least balance between qualitative and quantitative measures.
 - Add indicators that assess outputs, processes, outcomes, and impact.
- Have a realistic and specific action plan.

Step 3: Implementation

- Include men and boys and address their needs.
 - Identify and address the needs of boys and men in the community.
 - Implement activities that challenge societal definitions and perceptions of what is considered a women-domain or a men-domain. E.g. Include men in SRH activities.
- Ensure meaningful participation of local women's organizations.
 - Invest financially in women's local organizations.
 - Provide women's local organizations with technical resources and capacity-building trainings.

Step 4: Evaluation

- Implement effective monitoring and evaluation processes.
 - conduct baseline and end-line surveys to assess the progress of the program.
 - Ensure periodic reporting (field and senior levels)
 - Hire evaluators with up-to-date knowledge about effective evaluation processes.
 - Include recommendations and lessons learned from previous programs.
- Encourage a local-led evaluation process of the program.
 - Engage or consult community members in formulating evaluation metrics, data collection, and analysis.