



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

Case Study: Iraq

October 2020



Table of Contents

Acronyms	Error! Bookmark not defined.	ii
Executive Summary		1
2. Context Description		3
3. Findings		5
3.1 Evaluation Question 1: Relevance.....		5
3.2 Evaluation Question 2: Coherence		8
3.3 Evaluation Question 3: Effectiveness		10
3.4 Evaluation Question 4: Coordination		13
4. Summary Observations		15
Annexes		17
Annex 1: List of Persons Interviewed		17
Annex 2: Bibliography		19
Annex 3: Evidence Table Matrix.....		20

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Acronyms

AAP	Accountability to affected populations/people	MSNA	Multi-Sectoral Needs Assessment
ABC	Activity-based costing	NGO	Non-governmental organization
FTS	Financial tracking system	OCHA	Office for the Coordination of Humanitarian Affairs
GAM	Gender with Age Marker	PSEA	Protection from sexual exploitation and abuse
GBV	Gender-based violence	SADD	Sex- and age-disaggregated data
GEEWG	Gender equality and the empowerment of women and girls	SDG	Sustainable Development Goals
GenCap	IASC Gender Standby Capacity Project	SEA	Sexual exploitation and abuse
HC	Humanitarian Coordinator	SGBV	Sexual and gender-based violence
HCT	Humanitarian Country Team	SRSG	Special Representative of the Secretary-General
HDI	Human Development Index	SWAP	System-wide action plan
HNO	Humanitarian Needs Overview	ToR	Terms of reference
HRP	Humanitarian Response Plan	UNAMI	United Nations Assistance Mission for Iraq
IAHE	Inter-Agency Humanitarian Evaluation	UNCT	United Nations Country Team
IASC	Inter-Agency Standing Committee	UNDP	United Nations Development Programme
ICCG	Inter-Cluster Coordination Group	UNFPA	United Nations Population Fund
IDP	Internally displaced person	UNHCR	United Nations High Commissioner for Refugees
IGG	International Gender Group	UNICEF	United Nations Children's Fund
IGTF	Inter-Agency Gender Task Force	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
IHF	Iraq Humanitarian Fund	WASH	Water, sanitation, and hygiene
IIC	Iraq Information Centre	WFP	World Food Programme
INGO	International non-governmental organization		
IOM	International Organization for Migration		
ISIL	Islamic State of Iraq and the Levant		

Executive Summary

There are gaps in the participation of the affected population in the response in Iraq as evidenced by lack of awareness of accountability mechanisms and that women are less likely to complain or provide feedback. This is further exacerbated by assessment exercises that collect household level data rather than individual data resulting in biased data collection and analysis. Groups particularly highlighted for attention include persons with disability as well as adolescent boys and men to address the underlying dynamics that prevent gender equality and the empowerment of women and girls.

Lack of leadership and accountability on GEEWG throughout the humanitarian system in Iraq prevails and has not been aided by global efforts with regards to the accountability of the HC or HCT, inadequate resourcing of mandated organisations and sectors, and the lack of dedicated gender expertise. In Iraq most of the work on GEEWG has focussed on GBV and PSEA with little or no focus on addressing the underlying issues and root causes of gender inequality. On the other hand gender mainstreaming efforts at a global policy, guidance and tool level have proved effective in ensuring that gender considerations are reflected in the actions of clusters and agencies.

1. Background and Methodology

1. The Inter-Agency Humanitarian Evaluation (IAHE) on Gender Equality and the Empowerment of Women (GEEWG) in humanitarian response is the first ever thematic IAHE. The scope of the evaluation is global and focuses on gender-responsive programming, capacity building, and the participation of women and girls in the period 2017-2019. The evaluation focuses on the collective use of gender strategies and policies by IASC organizations and the adequacy of financial and human resources allocated to them. The purpose of the evaluation is to enhance learning around GEEWG in humanitarian programming in order to identify best practices, enabling factors, and tools that can be replicated across the humanitarian system. There are multiple information streams for data collection within the evaluation, including a global-level document review, global-level key informant interviews, and field missions to four case study countries for field-level validation. Full details of the overall methodology are found in the IAHE GEEWG Inception Report.
2. The following four questions and criteria guide the evaluation:
 - a. EQ1 – relevance: To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men, and boys?
 - b. EQ2 – coherence: How consistently are existing system-wide policies, programme guidance, and tools on gender implemented among IASC members?
 - c. EQ3 – effectiveness: How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?
 - d. EQ4 – coordination: To what extent are efforts by IASC members to strengthen gender equality and the empowerment of women and girls in humanitarian programming coordinated?
3. Four countries for case study visits – Nigeria, Colombia, Iraq, and Bangladesh – were selected from among a pre-defined list and according to criteria aimed at enhancing opportunities for identifying good practice and ‘game changer’ examples.¹ Nigeria was chosen as hosting one of the world’s largest protection crises and a wide variety of emergencies, including conflict; displacement; floods; food crisis; and insecurity. Moreover,

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

available information indicated a gender-related structure within the humanitarian architecture made of GenCap Advisors; GBV Sub-Cluster; and an HCT Gender and Protection strategies.

4. In the case of Iraq, the focus of the case study brief is on the IDP and returnee situation that developed following the ISIL insurgency of 2014. The case study brief does not reflect efforts made with regard to the Syrian refugee population living in Iraq. The primary data used to compile this brief come from remote interviews with more than 30 in-country key informants (Annex 1). Data collection involved document and literature review, an online survey of humanitarian assistance workers, and semi-structured key informant interviews with representatives from the United Nations, government, international non-governmental organizations (INGO), and national non-governmental organizations (NNGO). In addition, information contained in reports, statistics, and project updates were also reviewed (Annex 2).
5. Due to the Covid-19 pandemic, it was not possible to undertake project site visits or focus group discussions with the affected population. However, in order to compensate for the lack of primary data, a number of data sources were reviewed, such as data from the IIC and a series of surveys undertaken by Ground Truth Solutions over the evaluation period. Ground Truth Solutions' surveyed IDPs, refugees, returnees, and vulnerable host community members who had received aid from humanitarian organisations within the last 12 months. The latest survey was carried out in August and September 2019 across six governorates: Erbil, Duhok, Ninewa, Anbar, Salah Al-Din, and Sulaymaniyah. Surveys were previously conducted in 2017 and 2018. In partnership with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and others, the findings were being used as a metric to monitor progress towards the strategic objectives of the Humanitarian Response Plan (HRP) and provide baselines for improvement against performance indicators².

² Ground Truth Solutions, Iraq Strengthening Accountability to Affected People, 2019.

2. Context Description³

Country Context

6. Prior to 2014, after years of dictatorship and the impact of sanctions, three major conflicts, and the Syrian conflict,⁴ Iraq was achieving notable gains. An upper middle-income country that had made important progress towards the achievement of the Millennium Development Goals, Iraq was the world's third-largest oil exporter.⁵
7. The country had reduced extreme poverty and child malnutrition, and infant and child mortality had decreased significantly. Net enrolment in primary education had increased, and girls' participation in school was improving. Women's participation in parliament was above the 25 percent constitutional quota.⁶
8. The conflict with Islamic State of Iraq and the Levant (ISIL) in 2014 resulted in mass displacement, and the concomitant fall in the price of oil brought a halt to progress in Iraq. While ISIL was defeated in 2017 the conflict took a toll on Iraq's progress.
9. Iraq's Human Development Index (HDI) value for 2018 was 0.689, which put the country in the medium human development category, positioning it at 120 out of 189 countries and territories. Iraq's 2018 HDI was above the average for countries in the medium human development group and below the average for Arab states.⁷ The 2018 women HDI value for Iraq is 0.587, in contrast with 0.744 for men.
10. Iraq had a Gender Inequality Index value of 0.540, ranking it 131 out of 162 countries in 2018. In Iraq, 39.5 percent of adult women have reached at least a secondary level of education, compared to 56.5 percent of their men counterparts. For every 100,000 live births, 50 women die from pregnancy-related causes, and the adolescent birth rate is 71.7 births per 1,000 women aged 15 to 19. Women participation in the labour market is 12.4 percent, compared to 72.6 percent for men.⁸
11. Years of repression caused by a strong patriarchal culture, economic sanctions, and armed conflicts have led to a deterioration in the lives of women in Iraq. The marginalization of women means they are unable to fully contribute economically, socially, and politically. Iraqi women today suffer from insufficient educational opportunities and health care, limited access to the labour market, and high levels of violence and inequality.⁹

Humanitarian Response

12. The conflict with Islamic State of Iraq and the Levant (ISIL) in 2014 resulted in mass displacement, and the concomitant fall in the price of oil brought a halt to progress in Iraq. Out of the 6 million people displaced during the 2014–2017 conflict against ISIL, humanitarian partners estimate that 4.1 million people continue to require some form of humanitarian assistance. Of the people in acute need, approximately 1.5 million people remain internally displaced, 70 percent of whom have been displaced for more than three years¹⁰. The process of return to areas of origin is fraught with difficulties, and an estimated 514,000 returnees live in areas of high severity of needs, indicating a lack of livelihoods, basic services, social cohesion, and security.¹¹

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

⁴ This case study focuses on the period covered by the evaluation, 2017–2019, which coincided with the defeat of ISIL and the response thereafter. It does not cover the response to the Syrian refugees.

⁵ UNDP, 2019, Independent Country Programme Evaluation.

⁶ Iraq, UNDAF 2015–2018.

⁷ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IRQ.pdf.

⁸ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IRQ.pdf.

⁹ Oxfam and UN Women, 2018, Gender Profile – Iraq, A situation analysis on gender equality and women's empowerment in Iraq.

¹⁰ This data was extracted from the 2019 HRP and was not presented as SADD.

¹¹ OCHA, 2020, Humanitarian Needs Overview 2020.

13. UN agencies declared Iraq a Level 3 emergency in August 2014, and this remained in place until the end of 2017, by which point the Iraqi Federal Government had retaken areas lost to the ISIL insurgency.¹² Humanitarian response was coordinated under the Iraq Humanitarian Response Plans (HRPs) 2017 to 2019.¹³ These plans consistently addressed the needs of displaced populations as well as the return process, while recognizing that violence against the most vulnerable continued and that social cohesion needed to be a key strategy. The 2019 HRP had three strategic objectives: 1) post-conflict transition to durable solutions, 2) ensuring the centrality of protection, and 3) strengthening contingency planning and preparedness. In addition to the HRPs, the UN launched a two-year Recovery and Resilience Programme in 2018, with the aim of fast-tracking the social dimensions of reconstruction.¹⁴
14. A gender- and diversity-differentiated approach is evident in the HRP, which included the collection and analysis of sex- and age-disaggregated data (SADD), increased attention to the needs of older persons and persons with disabilities, and reference to and use of the new Gender with Age Marker (GAM).¹⁵
15. The highest needs according to the 2019 HRP were protection, food security, and income assistance. Persons with perceived affiliation to extremist groups are at heightened risk of violence, exploitation, discrimination, and a range of human rights violations. Within camps, they are often isolated and segregated, subjected to movement restrictions, denied access to humanitarian aid, and exposed to sexual violence, exploitation, and abuse.¹⁶ An estimated 13 percent of all IDP and returnee households are headed by women, and they are at heightened risk of gender-based violence. In seven districts, between 22 and 34 percent of families are led by heads of household with a disability that affects their ability to perform daily living activities.¹⁷

Initiatives on Gender Equality and the Empowerment of Women and Girls

16. In 2018, the IASC Gender with Age Marker was launched, and the same year saw the roll-out of the IASC's GBV in Emergencies Guidelines and GBV Standard Operating Procedures. As early as 2016, a Protection from Sexual Abuse and Exploitation Network was set up in Iraq; it is currently being revitalized based on the Iraq Humanitarian Country Team Protection Strategy 2019–2021.
17. Iraq has also had a number of initiatives on accountability to the affected population (AAP). These included the Iraq Information Centre (IIC), camp-based feedback mechanisms, and cluster/sector-specific mechanisms.¹⁸

¹² <https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-system-wide-response-activations-and-deactivations>.

¹³ It is important to note that at the same time as the ISIL insurgency, Iraq was hosting approximately 250,000 Syrian refugees, who predominantly resided in the Kurdish region of Iraq.

¹⁴ UN, 2018, Iraq Recovery and Resilience Programme.

¹⁵ OCHA, Humanitarian Response Plan (2019). Assessment against HRP Guidance, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/3._hrp_2020-annotations_v14.pdf found in paras 20/21.

¹⁶ OCHA, Humanitarian Response Plan (2019).

¹⁷ REACH Initiative, Multi-Cluster Needs Assessment Round VI (2018).

¹⁸ HCT, Iraq Country Team Protection Strategy 2019–2021.

3. Findings

18. The considerations highlighted here provide a snapshot of the most common issues related to gender equality and the empowerment of women and girls in the Iraq humanitarian response, as reported to the team during key informant interviews and triangulated through a targeted literature review. Findings are further triangulated from the 2018 IASC Gender Policy Accountability Framework Report, which marks the first monitoring cycle of the 2017 IASC Gender Policy.¹⁹
19. Findings are organized around the four key evaluation questions and relevant sub-themes. Annex 3 presents a summary evidence table aligned with the overall IAHE GEEWG evaluation matrix. Observations regarding the focus areas of the evaluation are integrated into the summary observations section.

3.1 Evaluation Question 1: Relevance

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

Gender Analysis

20. Humanitarian Needs Overviews (HNOs) form the cornerstone of humanitarian planning. The collection, analysis, and use of sex- and age-disaggregated data is an essential prerequisite for gender-responsive programming and a global requirement for both HNOs and HRPs. SADD have been systematically used throughout the 2017–2019 HNOs and HRPs for Iraq and across sectors of interventions.²⁰
21. Multi-Cluster Needs Assessments carried out by REACH between 2017 and 2019 had the aim of informing HNOs.²¹ These assessments demonstrated improved SADD from 2017 to 2019, including analysis by age, sex, and other diversities such as elderly persons; persons with disability; separated or unaccompanied children; and women-headed households. However, limitations included the head of household answering questions on behalf of subgroups within the household.²² Thus, while data was collected on relevant population groups, the perspective received was that of the head of household.
22. The HRPs demonstrated a comparatively good understanding of the complex dynamics of the humanitarian context following the defeat of ISIL, including gender inequalities, GBV, and protection from sexual exploitation and abuse (PSEA) needs.²³ The GAM 2019 analysis for Iraq stated that ‘Iraq projects have a higher than average understanding of gender-related issues in their context, compared to other humanitarian settings. Almost 50 percent of projects are able to articulate and give examples of gender differences that affect how assistance is delivered.’²⁴
23. The same GAM 2019 analysis for Iraq found that 52 percent of projects plan to tailor activities according to the different needs, roles, and dynamics of different groups, compared to those that consider only needs. General reference to the needs of women and girls, the elderly, and persons with disability were also evident in the cluster chapters. The 2017–2019 HRPs for Iraq contained specific commitments to address GBV, protection, and sexual exploitation and abuse, as well as reference to accountability to affected populations. In the 2019 HRP,

¹⁹ The report was produced by UN Women on behalf of the IASC Reference Group for Gender in Humanitarian Action (GRG) and combined data from various sources, including direct contributions from 25 country contexts, 9 of which are also considered under the current IAHE GEEWG. Bangladesh is the only country among those selected as a case study for the IAHE that has not contributed information.

²⁰ OCHA, Humanitarian Needs Overview Iraq (2017), OCHA, Humanitarian Needs Overview Iraq (2019), OCHA, Humanitarian Response Plan (2017), OCHA, Humanitarian Response Plan (2018), OCHA, Humanitarian Response Plan (2019).

²¹ REACH, Multi-Cluster Needs Assessment, 2017.

²² REACH, Multi-Cluster Needs Assessment, 2018.

²³ OCHA, Humanitarian Response Plans, 2017, OCHA, Humanitarian Response Plans, 2018, OCHA, Humanitarian Response Plans, 2019.

²⁴ GAM Results FTS Iraq, 2019.

the centrality of protection is highlighted, with one of the three strategic objectives of the plan dedicated to ensuring protection through strategic leadership, coordination, advocacy, programming, and capacity building. Reference to persons with disabilities was included in HRP, as was reference to the elderly and lesbian, gay, bisexual, transgender, queer, and intersex (LGBTI) persons. SADD for persons with disability were only available in the 2019 HRP, whereas analysis of the needs of persons with disability was present throughout the 2017–2019 HRP.

24. There appears to be no comprehensive gender analysis undertaken in Iraq by the UN; however, there was evidence of studies undertaken by UN Women and Oxfam on gender equality and the empowerment of women, and on gender and conflict in ISIL-affected communities. These studies were not well known among the informants, potentially a function of high turnover among staff of organizations. An additional example of gender analysis is CARE’s gender analysis in specific programme areas. Finally, UNFPA-led safety audits,²⁵ a collaboration between the Camp Coordination and Camp Management, Health, GBV, and Shelter clusters, were to begin a pilot in Iraq. However, these have been postponed as a result of the start of the Covid-19 pandemic.

Key informants reported examples of gender analysis and adjustments being made to programmes, including the following: under WASH, hygiene kits were adapted to specific needs, including for the elderly; UNDP adjusted livelihoods programmes in the stabilization programme to include women in cash-for-work activities; and IOM’s work with CSOs on capacity development in disability programming culminated in the development of a service-oriented programme.

Engagement with Affected Populations

25. Besides assessments, inclusion and engagement in Iraq is fostered through information sharing on the assistance and services provided, as well as the establishment and use of multiple complaint and feedback mechanisms. In Iraq, AAP initiatives included the following: i) Iraq Information Centre – managed by UNOPS; ii) PSEA Network – co-chaired by UNFPA and UNHCR; iii) GBV hotline – managed by UNFPA; iv) Community Resource Centres – led by IOM and a rotating NGO co-chair; v) Communication with Communities Task Force²⁶ – under the National Protection cluster; vi) IDP camp-based feedback structures; and vii) cluster/working group-specific feedback mechanisms.²⁷
26. The Iraq Information Centre, created in 2015, has handled over 500,000 calls/texts to its free hotline to date, which has enabled callers to i) access information on humanitarian services, ii) provide feedback, and iii) lodge complaints. The IIC is one of the most utilized complaint and feedback mechanisms serving IDPs, returnees, and host communities throughout Iraq. Approximately 90 percent of calls are resolved on the first call and do not require referral²⁸. However, resolution rates for calls requiring referral to clusters were at 29 percent across all clusters between January and June 2019.²⁹ Key informants suggested that referrals being made are not always made to the correct organization. Data from the IIC dashboard also suggest that women do not access the hotline as much as men, with on average 27 percent of calls received from women and 73 percent received from men over the 2018 to 2020 period.³⁰ It is unclear what the reasons for this are, but a global study suggested that unaffordability, illiteracy, limited digital skills, a perceived lack of relevance, and safety and

²⁵ Safety audits are carried out in camps or settlements during displacement to assess safety and security concerns for women and girls. The safety audit tool is based on visual observation as a means of assessing GBV risks related to the physical structure and layout, resource availability, and provision of humanitarian services and assistance (UNICEF, “Safety Audits, A How-to Guide”, 2018).

²⁶ This initiative was due to be merged with an AAP initiative under the auspices of the ICCG.

²⁷ HCT, Iraq Country Team Protection Strategy 2019–2021.

²⁸ The top 5 calls at the end of 2019 related to: the need for cash, the mobile network provides, requests for information about cash programmes, being assessed and not receiving assistance, the need for health assistance/medical procedure

²⁹ HCT, Iraq Country Team Protection Strategy 2019–2021.

³⁰ UNOPS, Iraq Information Centre Dashboard.

security concerns are the most important barriers to mobile ownership by women.³¹ In addition, a Ground Truth Solutions study³² showed that the majority of people (56 percent) in Iraq prefer to provide complaints face to face, with only 28 percent expressing a preference to complain through a hotline.³³

27. A Ground Truth Solutions survey carried out in December 2019 found that ‘people feel less able to participate in the response than in 2018. Only 16 percent of the people surveyed felt that their opinions are considered by aid providers, a decrease from 33 percent in 2018. 69 percent are unaware of how to make suggestions or complaints about the aid or services they receive.’³⁴ This finding was influenced by the status of respondents, with the host community members feeling their opinions were less considered (6 percent) when compared to camp-based IDPs (25 percent). This was despite outreach efforts such as those made by the IIC in 2019, which conducted 45 field missions for face-to-face outreach, focus group discussions, and surveys.³⁵ The report also notes that gender does not make a significant difference to responses. The Inter-Cluster Coordination Group (ICCG) and Protection cluster were reportedly making efforts that should see improvements in the following year.
28. However, with regard to sexual exploitation and abuse and sensitive complaints, 48 percent of respondents said that their communities feel able to report abuse or mistreatment by humanitarian staff, down from 68 percent the previous year.³⁶ Key informants reported that procedures for monitoring and reporting SEA cases were confusing and require simplification. While informants also reported under-reporting of GBV, they indicated that this was more so for SEA due to fear of exclusion from assistance or reduction in assistance.
29. Finally, the Gender with Age Marker also requires assessing the extent to which affected people participate in and influence all stages of a project. Iraq GAM results for 2019 suggested that Iraq appears to be planning higher levels of engagement with affected people than many countries, with 48 percent of projects indicating that affected people will influence all stages of project management. In addition, the analysis suggested that 86 percent and 80 percent of projects intended to involve beneficiaries in needs assessment and activity design respectively. The lowest level of intended participation is in project review and revision, where 63 percent of projects intended participation.³⁷

³¹ GSMA, The Mobile Gender Gap Report 2019.

³² Ground Truth Solutions’ recent survey of IDPs, refugees, returnees, and vulnerable host community members who have received aid from humanitarian organisations within the last 12 months. The survey was carried out in August and September 2019 across six governorates: Erbil, Duhok, Ninewa, Anbar, Salah Al-Din, and Sulaymaniyah. Surveys were previously conducted in 2017 and 2018. 50% of Respondents were women and 50% were men.

³³ Ground Truth Solutions, Iraq Strengthening Accountability to Affected People, 2019.

³⁴ Ground Truth Solutions, Iraq Strengthening Accountability to Affected People, 2019.

³⁵ UNOPS, Iraq Information Centre, 2020.

³⁶ Ground Truth Solutions, Iraq Strengthening Accountability to Affected People, 2019.

³⁷ OCHA, Gender with Age Marker Results Iraq, 2019.

3.2 Evaluation Question 2: Coherence

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

30. Most key informants were unaware of system-wide policies, guidance, and tools, including the IASC Gender Policy and related Accountability Framework and the Gender in Humanitarian Action Handbook. However, informants noted that this may be a reflection of the integration of system-wide guidance and policies into organizational tools, guidance, and policies. Examples of inter-agency tools used in Iraq included those used by the Health cluster, such as the Real-Time Accountability Partnership Action Framework and the WHO Guidance on the Clinical Management of Rape Survivors, used for training of partners. In addition, a UNFPA-hired consultant used the Guidelines for Integrating GBV in Humanitarian Action for cross-cluster training in 2019. Furthermore, the GBV cluster used the GBV Information Management System, with two dedicated staff under the cluster contributing to global efforts in this regard, as well as the GBV Toolkit. In terms of global initiatives, Iraq piloted the revised UNCT-SWAP Gender Equality Scorecard, a standardized assessment of UN country-level gender mainstreaming practices and performance that is aimed at ensuring accountability of senior managers and improving UNCT performance.³⁸ Published results of the exercise were not shared with the evaluation team and may not yet be available.
31. There was also evidence of GAM use, which was mandatory for projects submitted for inclusion in the HRP until 2019. A new system, activity-based costing (ABC) for collective humanitarian response, was piloted in Iraq (and Afghanistan) for the HRP 2020. The system envisages a switch from project-based to activity-based costing. In this approach, development and funding of projects will be between partners and current or potential donors, while clusters, the ICCG, and the HCT will concentrate on providing coordination, technical and strategic guidance, and support to the overall activities in order to meet the strategic priorities outlined in the HRP. The Activity-based Costing Guidance 2019 suggests that programmes should fit within the HRP framework and endeavour to include cross-cutting issues such as AAP, gender and age mainstreaming, the HCT Protection Strategy, and inclusive programming to meet the needs of people living with disability. While the ABC system was only implemented recently, and its impact is not yet clear, informants suggested it has reduced accountability and coordination because partners submit proposals directly to donors without the previously mandatory discussions within the cluster mechanism, which included the GAM. In addition, while GAM was rolled out through trainings in 2018, this was not the case in 2019, raising concern among informants that because of high turnover among the staff of organizations, the 2019 GAM analysis would be weaker.
32. Most gender considerations in Iraq have fallen by default under the Protection and GBV sub-sector envelopes. Gender is not a standing agenda item for the HCT in Iraq. The Humanitarian Coordinator/Humanitarian Country Team made a conscious decision to focus on GBV, with protection a standing item in meetings within which GBV and gender issues were discussed, which resulted in less attention to the underlying factors that contribute to gender inequality. The Iraq Country Team Protection Strategy 2019–2021 incorporated AAP, GBV, and PSEA, making clear commitments, including the need for allocation of resources. The strategy highlights that with the adoption of the IASC Gender with Age Marker, humanitarian partners working under the HRP have committed to gender- and age-responsive programming, including the incorporation of sex- and age-disaggregated data, to ensure inclusive participation and equitable access to assistance. The strategy further suggests that particular attention should be paid to age, gender, and disability inclusion and the promotion of non-discriminatory access to assistance.³⁹
33. Iraq has not had any GenCap deployments over the evaluation period and did not have a dedicated gender resource at inter-agency level for humanitarian work. This contrasts

³⁸ https://unsdg.un.org/sites/default/files/UNCT-SWAP_Gender-report_Web.pdf.

³⁹ HCT, Iraq Country Team Protection Strategy 2019–2021.

significantly with integrated mission practice, as prescribed in the new⁴⁰ UN Department of Political and Peacebuilding Affairs gender policy, where a gender advisor is mandatory. In Iraq, the UN Assistance Mission for Iraq (UNAMI) is mandated to deal politically with SGBV and is therefore monitoring and reporting legal cases through the Special Representative of the Secretary-General (SRSG) to the UN Security Council. While UN Women is mandated to undertake normative, coordination, and operational functions, the focus of the organisation in Iraq in terms of operational support has been on development programming.⁴¹

34. The humanitarian leadership in Iraq committed to a zero-tolerance approach to any form of sexually exploitative and abusive behaviour by humanitarian personnel vis-à-vis the affected populations, and to uphold the obligation to investigate and report any concerns or suspicions that arise from this, including through complaint and feedback mechanisms.⁴² Evidence of coherence with the global commitments and procedures included the recruitment of a PSEA coordinator and the establishment of an inter-agency PSEA network, which was revitalized in 2019 to include NGOs.⁴³ Over the evaluation period, different organizations took the responsibility to hire the PSEA coordinator, including WFP, UNHCR, and UNFPA.
35. There have been three different coordinators since 2017, and informants reported that recently the PSEA coordination role had been vacant for some time, resulting in slow progress. Efforts at awareness raising on PSEA included introductory trainings for both national and international NGOs, and were built on global guidance as well as the UN Secretary-General's Bulletin.⁴⁴ Furthermore, the OCHA-managed Iraq Humanitarian Fund (IHF) integrated key PSEA messages and standard indicators through collaborative training that targeted all cluster leads and co-leads, as well as 102 staff from 59 IHF partner organizations. All OCHA-managed country-based pooled funds' grant agreements include PSEA-specific clauses.⁴⁷
36. Diverse and inclusive⁴⁸ humanitarian leadership is more likely to adopt a diverse and inclusive approach vis-à-vis the communities they serve.⁴⁹ Success in achieving diversity and inclusion, however, is contingent upon the buy-in of leadership teams. Diversity with respect to gender is evident in Iraq across agencies and at all levels, including at the leadership level of the SRSG, the two deputy SRSGs⁵⁰, agency country directors, and deputies. However, there is a lack of widespread prioritization of gender parity by the leadership and organizations at large, evidenced by the lack of deliberate focus and efforts on this at the collective level. UNAMI is monitoring gender parity and has increased the balance from 19 percent to 28 percent over a few years.⁵¹ WFP similarly reported an increase in women staff from 23 percent to 27 percent, with a target of 31 percent. Oxfam reported 30 percent women

⁴⁰ Gender Sections across UN peacekeeping and political missions was established to support the implementation of the United Nations Security Council Resolutions (UNSCR) on women, peace and security, namely 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1960 (2010), 2106 (2013), and 2122 (2013) within the scope of mission mandates and in alignment with DPKO Gender Equality Policy (2010) and Gender Forward-Looking Strategy 2014-8.

⁴¹ It should be noted that despite the evaluation team's best efforts, no informant from UN Women was available for interview for this case study prior to its submission.

⁴² HCT, Iraq Country Team Protection Strategy 2019–2021.

⁴³ Note that the PSEA network was set up in 2016.

⁴⁴ <https://www.ncciraq.org/en/opportunities/for-ngos/trainings/item/24047-ncci-psea-tot-workshop-baghdad>.

⁴⁵ <https://iraq.unfpa.org/en/news/introduction-psea-training-held-baghdad>.

⁴⁶ United Nations Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13).

⁴⁷ OCHA, Humanitarian Response Plans, 2019.

⁴⁸ Diversity includes differences according to gender, age, disability, cultural background, sexual orientation, social and economic background, profession, education, work experience, and organizational roles. Inclusion refers to the feeling of value and respect, and the opportunity to contribute perspectives and access opportunities and resources.

⁴⁹ See for example Humanitarian Advisory Group, "Data on Diversity: Humanitarian Leadership under the Spotlight" (2019).

⁵⁰ The SRSG and the two deputies are women. UNHCR Representative is a woman, WFP and FAO Deputy Country Representatives are women, Previously (until mid-2019) the WFP Representative was a woman, OCHA head of office is a Woman, UN Women Representative a Woman, UNICEF Representative is a Woman

⁵¹ As part of the Department of Peace Operations, UNAMI has committed to the Secretary-General's gender parity strategy and reported on it since.

staff. Difficulties are particularly evident in relation to field-based positions due to the nature of the work.

3.3 Evaluation Question 3: Effectiveness

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

37. Gender, together with other cross-cutting issues, is mentioned in the standard ToR for HCTs,⁵² which pre-dated the endorsement of the IASC Gender Policy in 2017. Given the lack of knowledge about and reference to the IASC Gender Policy among informants in Iraq, including at the leadership level, it is evident that none of the responsibilities outlined therein have been reflected in the HCT ToRs for Iraq that were agreed in 2015.^{53,54}
38. Leadership on gender has been missing and was mentioned by informants as a clear gap. Respondents pointed to major limitations on this on the side of mandated agencies, mainly UN Women, including the country representative position being split between Iraq and Yemen, lack of funding for coordination, and a focus on development that resulted in undermining the capacity to carry out mandates on gender equality in humanitarian response. Not having dedicated gender expertise during key processes such as needs analysis and response planning, and not having a more permanent gender capacity at the HCT level was clearly indicated as problematic.
39. Recent efforts to have a Gender Focal Points Network at the cluster level may yield results, but this network was only reactivated in 2019 following its original formation in 2017, with key informants noting that the life-saving response to Mosul was prioritized over gender at the time. Similarly, the PSEA network requires rejuvenation, with key informants questioning how effective it is because of lack of a coordinator to lead the network which has resulted in its inactivity. In contrast, the GBV sub-cluster has successfully established an active focal point network across organizations.
40. Without the required leadership, there continues to be no comprehensive humanitarian gender strategy to garner collective action by organizations. The Inter-Agency Gender Task Force (IGTF) of the UNCT, led by UN Women and co-chaired by UNAMI and UNFPA, developed a work plan for 2019 and 2020 that included plans to share knowledge and resources as well as to build the capacity of gender focal points through training on gender-responsive policies, gender analysis, and gender marker tools, as well as the I Know Gender Training.⁵⁵ Informants did not recall these trainings during interviews, other than the GAM training undertaken by OCHA in 2018. It is also of note that the IGTF is UN specific and its work plan is development focused.
41. Despite the lack of guidance on gender, key informants reported efforts at tailoring programming to the needs, power dynamics, and roles of different population groups. This included the targeting of women-headed households using multi-purpose cash, the production and distribution of seven different hygiene kits (tailored to different needs, including for the elderly), as well as adapting cash-for-work initiatives to enable women's involvement, resulting in an increased number of women participating in cash-for-work activities.
42. The women–men ratio for staff in the humanitarian response in Iraq is estimated at 30–70. Accurate data on gender parity are not available, as this issue is not monitored at the collective level. Informants reported that there are some key challenges in addressing gender parity, including difficulties in recruitment, but also difficulties in women staff fulfilling work

⁵² IASC, "Standard Terms of Reference for Humanitarian Country Teams" (2017), <https://reliefweb.int/report/world/inter-agency-standing-committee-standard-terms-reference-humanitarian-country-teams>.

⁵³ HCT, Terms of Reference 2015.

⁵⁴ The ToR of the HCT do not specifically reflect the responsibilities outlined in the IASC Gender Policy and Accountability Framework. At the time of writing, the work plans were requested but not yet shared with the evaluation team.

⁵⁵ UN Inter-Agency Gender Task Force Iraq, Work Plan, 2019/2020.

obligations such as travel (within the country) due to conservative traditions. In some cases, recruited women leave after a short period due to the pressure to have a family and undertake more traditional societal roles. Organizations have made efforts to be flexible, for example by allowing husbands or chaperones to travel with women staff to workshops, but this ultimately has a cost implication that organizations are not funded for.

Capacity Development on Gender⁵⁶

43. The period 2017–2019 has been characterized by various trainings on gender or training with an integrated gender dimension. Examples include training on GAM for HRP partners; PSEA and GBV training for cluster and sub-cluster partners; and Health cluster training on mental health and clinical management of rape for agencies that work on GBV, which was mainly targeted at women staff.
44. GAM training that took place in 2018 was deemed useful and effective in supporting organizations to understand its application. Concerns were raised by key informants that the training was not repeated in 2019 prior to the development of the HRP. Informants suggested that repetition of such training was necessary given the high turnover of staff in Iraq. A training repeatedly mentioned by informants as useful was that undertaken by a consultant hired by UNFPA in 2019. The consultant developed a training of trainers on GBV that was later cascaded to cluster partners. One of the reasons the training was deemed effective was that it left in-country capacity to carry out further trainings.
45. There was evidence of training on PSEA throughout 2017–2019. This included efforts by UNFPA on behalf of the Iraq Network for Protection from Sexual Exploitation and Abuse as early as 2017, as well as efforts by the NGO Coordination Committee of Iraq in 2019. Participants of the UNFPA-led training included senior-level staff and directors from NNGOs based across Iraq, as well as three staff members from the Directorate of NGOs under the General Secretariat of the Council of Ministers. Participants learned about the basic principles and intersection of human rights, humanitarian action, and gender-based violence, and how these concepts are linked to SEA. The remainder of the training was dedicated to measures and policies NGOs can put in place to prevent and respond to SEA.⁵⁷ The NGO Coordination Committee of Iraq training was a training of trainers with the explicit aim of cascading training throughout the governorates of Iraq.⁵⁸
46. These trainings have been supplemented by individual organizations' gender trainings targeting staff and partners in their sector of intervention, which have been effective in creating a basic level of awareness of gender issues among humanitarian workers. Clusters such as the Livelihoods and WASH clusters reported the mainstreaming of gender; however, in some cases (e.g. the Cash Working Group) targeting women-headed households was as far as integration or mainstreaming went.
47. In line with the commitment made in the Grand Bargain⁵⁹ to making humanitarian action as local as possible, important efforts have been made in Iraq to also ensure the support and engagement of local and national responders. Efforts have included support by INGOs to women's rights organizations, providing capacity building and small business grants. Other areas of focus included women and governance, the increased participation of women, and advocacy on ending GBV. In addition, there are examples of INGOs engaging with local organizations or groups focused on persons with disability as well as LGBTQI persons.⁶⁰

⁵⁶ The evaluation team did not receive any reports regarding capacity assessments on gender around these capacity development exercises. The Gender Equality Scorecard information was not yet made available to the evaluation team either.

⁵⁷ <https://iraq.unfpa.org/en/news/introduction-psea-training-held-baghdad>.

⁵⁸ <https://www.ncciraq.org/en/opportunities/for-ngos/trainings>.

⁵⁹ IASC, "The Grand Bargain: A Shared Commitment to Better Serve People in Need" (2016).

⁶⁰ The engagement with LGBTQI is reportedly done on a less formal basis due to existing sensitivities.

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

48. Iraq has been a relatively well-funded humanitarian operation, with funding ranging between 89 percent and 93 percent of requested funding between 2017 to 2019⁶¹. Overall funding requested has declined from a peak of more than USD 900 million⁶² to approximately USD 700 million. Data on funding for gender equality and the empowerment of women and girls was not easy to measure, as the current financial tracking service (FTS) does not provide a means to report and monitor funding targeted to women and girls.⁶³ Financial tracking for women and girls is further complicated by the drive to mainstream actions through clusters/sectors, which reduces the visibility of funding targeting women and girls.
49. Data for funding the GBV sub-cluster's work was used as a proxy for gender funding in order to overcome these challenges.⁶⁴ However, this was not ideal because it conflates protection and gender funding and does not capture funding targeted to women and girls such as that provided through the Health cluster for sexual and reproductive health.⁶⁵ On the other hand, GBV activities tend to be targeted at women and girls, and this was the only proxy indicator available given the lack of gender-disaggregated financial data in the FTS. While globally OCHA FTS began tracking funding for GBV as a separate sub-cluster area in 2015,⁶⁶ as per the relevant changes in the humanitarian coordination system, in the case of Iraq GBV and Child Protection have been featured separately from Protection from the 2018 HRP onwards.
50. Table 1 below demonstrates GBV funding requested as a proportion of the overall funding requested in 2018 and 2019.

Table 1: GBV funding requested as a proportion of overall funding requested 2018–2019

Year	Overall requested (Million USD)	GBV requested (Million USD)	GBV funding requested as % of overall funding requested
2018	568.7	16.4	2.9
2019	701.1	33.2	4.7

Source: OCHA, Humanitarian Funding Overview 2018 and 2019

51. Despite this limited request for funding given the nature of the crisis in Iraq, funding received as a proportion of that requested for GBV totalled 38 and 52 percent in 2018 and 2019 respectively. This is low when compared to the overall funding coverage for the HRPs over the period 2017–2019.⁶⁷ In 2018, GBV was one of the least funded sectors despite protection funding exceeding funding requirements. This changed in 2019, with GBV funding reflecting overall funding received for protection and other sectors. However, the low funding of the GBV sub-cluster reflects a global trend in the underfunding of the GBV sub-cluster.⁶⁸
52. Data for the Iraq Humanitarian Fund from the Country-based Pool Fund Dashboard⁶⁹ suggested that 7.4 percent of allocations in 2019 were for projects that had a principal

⁶¹ OCHA, Humanitarian Response Plans, 2017-2019

⁶² It should be noted that this does not include the more than USD 1 billion that funded recovery and reconstruction efforts through the UNDP-managed stabilization programme following the liberation of Mosul and other areas held by ISIL.

⁶³ ActionAid, "Funding a localized, women-led approach to protection from gender-based violence: What is the data telling us?" (2019).

⁶⁴ Data on GBV funding is only available from 2018. Prior to this, funding was allocated under the overall protection banner.

⁶⁵ Funding for GEEWG is therefore likely to be higher, given the mainstreaming of gender and the lack of data on targeted interventions.

⁶⁶ This information was cited in an ActionAid study, "Funding a localized, women-led approach to protection from gender-based violence: What is the data telling us?" (2019).

⁶⁷ OCHA, Humanitarian Funding Overview 2018 and 2019.

⁶⁸ ActionAid, "Funding a localized, women-led approach to protection from gender-based violence: What is the data telling us?" (2019). Similar considerations were made in the latest "Secretary-General's report on women, peace and security", document S/2019/800, which illustrates how funding allocated to GBV in emergencies only covers a fraction of the existing needs.

⁶⁹ https://pfb.unocha.org/#gam_heading.

purpose to advance gender equality, while 84 percent of allocations were to projects that were designed to contribute significantly to gender equality. While these results are positive, it should be noted that the IHF holds limited funds in comparison to the HRP.

53. Some informants did not raise funding for GEEWG as a key issue, and some indicated that funds were sufficient. However, a clear strategy and leadership on gender issues is missing, and this is leading to a focus on programmes addressing the “symptoms” of gender inequality, such as GBV and PSEA, rather than the underlying gender dynamics, which are the main drivers of gender inequality.

3.4 Evaluation Question 4: Coordination

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

Coordination

54. Iraq has a complex humanitarian coordination structure, with mechanisms in Baghdad at the federal government level managing the relationship with the humanitarian country team, as well as some operational structures for central and southern Iraq. Structures in Erbil manage the relationship with the autonomous Kurdish Regional Government, which oversees three of the 19 Governorates of Iraq, as well as the majority of humanitarian and recovery programming in Iraq. A cluster coordination mechanism is active, both at an Iraq-wide level and at the governorate level, all of which falls under the Inter-Cluster Coordination Group led by OCHA. Of particular relevance to this study are the Protection sector and related GBV and Child Protection sub-sectors.
55. A PSEA Network was created in Iraq in 2016 and is comprised of agencies’ focal points and a PSEA coordinator reporting directly to the HC. The network was rejuvenated in 2019 by the current HC; however, at the time of writing, the network lacked a PSEA coordinator. The network was focused on developing a complaints mechanism (linked with the IIC), capacity building, sensitization, training, and SEA case handling. Key informants suggested greater advocacy efforts with the Government of Iraq were needed to protect vulnerable populations and to investigate perpetrators.
56. More specifically on gender, the UN-specific Inter-Agency Gender Task Force (IGTF) of the UNCT is led by UN Women and co-chaired by UNAMI and UNFPA. The task force focuses predominantly on development and political issues such as parliamentary women’s representation, advocacy on legislation, and input to the UN Sustainable Development Cooperation Framework. The task force provides opportunities for synergies (joint programming), but has not provided guidance or operational support to humanitarian programmes. However, studies undertaken by the task force on topics such as women in peace, GBV, and the impact of conflict on women and girls could prove useful to an overall analysis of gender in Iraq as the humanitarian, development, and peace nexuses converge. The task force does not provide direct inputs to operations, but provides input to reports, advocacy, and opportunities for coordination.
57. The International Gender Group (IGG) – led by donors, but including international organizations, UN agencies, and NGOs – is a coordination mechanism of the international community for advancing the women, peace, and security agenda, in line with United Nations Security Council Resolution 1325.⁷⁰ The IGG engages technical staff of organizations and is focused on issues at a strategic and policy level – e.g. developing a policy framework for GBV, promoting women’s role in decision making, and promoting civil documentation for IDPs. Perhaps the most relevant coordination mechanisms for operational humanitarian issues are the Gender Focal Points Network and the GBV sub-cluster. The network has been relatively inactive until recent efforts were made in 2019 to rejuvenate it. However, a network

⁷⁰ https://eeas.europa.eu/headquarters/headquarters-Homepage/59113/euam-iraq-attends-international-gender-group-and-eu-ambassadors-meeting_sq.

of focal points is in place at the cluster level, providing a good opportunity for collective efforts to analyse and strategically address gender equality and the empowerment of women and girls. The GBV sub-cluster was found to be the most functional in terms of humanitarian work, with widespread membership that included local organizations. Local representation existed, with seven sub-groups in the governorates and functioning referral systems in place.

58. Evidence of gender mainstreaming across sectors and working groups was found. This was a result of efforts made by clusters at the global level and through the presence of gender focal points in the clusters. At the global level, reference to gender considerations is reportedly made in training materials and sector-specific toolkits and manuals such as those for WASH guidance,⁷¹⁷² while at the country level gender focal points provide direct inputs to cluster work. What appears to be missing, however, is a clear, structured plan and approach to gender that all actors could subscribe to in-country, and so clusters simply apply their tools and understanding to the best of their capacity.

Complementarity on Gender

59. Complementarity was found in relation to AAP and PSEA and GBV, where the IIC is the main route for incident reporting and referrals, and between GBV and PSEA, where referrals are made. These complementarities are brought to the forefront in the HCT Protection Strategy, which clearly describes the interlinkages between Protection, GBV, PSEA, and AAP. However, gender has been conflated with protection in the humanitarian response in Iraq, which has resulted in a focus on GBV and PSEA activities rather than the underlying gender dynamics that are the main driver of gender inequality and the incidence of GBV and PSEA.

⁷¹ WEDC, Excreta Disposal in Emergencies, 2007

⁷² University of Leeds, Guidance on Supporting people with Incontinence in Humanitarian and Low- and Middle-Income Countries, 2019

4. Summary Observations

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

Participation

61. Results suggested that women are less likely to complain or provide feedback and that resolution of cases referred to clusters is low. Awareness of feedback mechanisms appears low despite the widespread availability of different mechanisms including feedback desks, suggestion boxes and hotlines. Despite efforts by organisations and the IIC to provide access to a hotline the majority of the affected population prefer to provide feedback face to face.
62. Trust between the affected population and humanitarian workers in Iraq has decreased with little confidence among the affected population that their opinions will be considered. This was predominantly felt by communities hosting displaced populations. A decline in the ability of the affected population to report PSEA and sensitive cases is also of concern, however unsurprising given the reported ineffectiveness of PSEA efforts and the perceived consequences of reporting SEA. Efforts are reportedly underway by the ICCG and Protection cluster to address this.
63. Gaps in participation identified include work with persons with disability as well as work with adolescent boys and men to address the underlying dynamics that prevent gender equality and the empowerment of women and girls. More specifically, girls receive targeted interventions from primary education through to adolescence, such as safe spaces, while boys have the same opportunity for primary education, but few targeted interventions are in place to address their needs at adolescence. Given the nature of the conflict and the risks of radicalisation in Iraq opportunities to target adolescent boys with interventions is salient.
64. In addition, the practice of collecting data solely from heads of households for major assessment exercises that contribute to the HNO and HRP reduced the participation of women, girls, persons with disability, and the elderly. Asking one household member about outcomes for other household members, particularly on sensitive issues related to health, financial decision-making, and exposure to risk or violence, will not accurately capture constraints and opportunities within the household. Doing so will result in proxy respondent bias which has significant implications for women, girls, persons with disability, and the elderly whose contributions are more likely to be underreported. Efforts to balance this with assessment exercises that collect information directly from women, girls, persons with disability, and the elderly should be considered to enhance the analysis of gender dynamics that contribute to GEEWG.

Capacity on Gender Equality and the Empowerment of Women and Girls

65. The lack of dedicated resources acts as an impediment to the delivery on the gender equality commitment, and gender issues have suffered from a general lack of prioritization and overall leadership. Mandated agencies, specifically UN Women, has had challenges to lead on gender in the humanitarian response due to shared leadership with the Yemen response, lack of funding for the coordination role, and a focus on development issues, resulting in stalled action on gender equality. This holds true also in relation to capacity-building efforts on gender, including those of local partners and women's organizations.
66. Efforts on gender mainstreaming in policies, guidance, and tools, made globally across clusters and agencies, are paying off and provided the backbone for gender considerations to be reflected in cluster- and agency-specific actions. However, the lack of dedicated human resource capacity on gender has resulted in lost opportunities to build synergies across clusters and sectors, with joint efforts left to the initiative of clusters. As Iraq's stability improves, a permanent and coordinated gender capacity at senior decision-making levels is

crucial to ensure that adequate attention is given to gender equality throughout the response and as the humanitarian, peace, and development nexuses converge.

67. In the absence of a dedicated platform and leadership on gender in humanitarian response, protection-focused initiatives such as those on PSEA and GBV became the default framework for most gender-related work. This resulted in most of the work on and reference to gender being limited to GBV and PSEA, with little or no focus on addressing the underlying issues and root causes of gender inequality. This has important implications for response, which can only be effective in the context of a more comprehensive understanding of the power dynamics and inequalities that exist between men and women in Iraq.
68. Tracking resources and allocations on gender equality and the empowerment of women and girls in humanitarian response is recognized as a gap globally; in Iraq, this resulted in limited measurability. In the absence of mechanisms to systematically monitor funding requests and allocations for programmes for women and girls, it is difficult to hold humanitarian actors and donors accountable. It is also concerning to see that, though protection and GBV issues dominate the crisis in Iraq, funding for these initiatives remained relatively poor compared to the overall funding for the response.
69. While the generic ToR for the HC and HCT contains reference to gender, this is not reflected in the Iraq HCT ToR. Currently there seems to be no system in Iraq to assess the HC and HCT performance on gender, and while the 2017 IASC Gender Policy and related Accountability Framework could provide a useful and well-detailed framework of reference, they are not yet known and used in-country. It is a similar situation for diversity and gender parity, which are currently not a commitment of the humanitarian leadership in Iraq. This raises questions about the level of socialization and uptake of global initiatives in country operations.

Gender-responsive Programming

70. The ability of the humanitarian community to adequately respond to the needs of men and women of different ages and other diversities is contingent upon the consistency, quality, and coherence of gender analyses. In the case of Iraq, while a basic gender analysis has been found in the most recent humanitarian needs overview and planning documents, there is a need for analysis of the differential impact faced by all individuals and the underlying factors of vulnerability, and for this to result in a comprehensive strategic approach to guide the humanitarian response. While SADD has been collected and used (e.g. for hygiene kit design and multi-purpose cash assistance targeting), further analysis is required to understand the needs and concerns of persons with disabilities as well as adolescent boys, given their particular vulnerability and the opportunity to positively influence a future generation of men in Iraq.
71. Finally, it is evident that the mainstreaming of gender has had a positive impact on cluster efforts to incorporate the differentiated needs and concerns of men and women of different ages and other diversities. The GAM has proved a useful tool in this endeavour, allowing collaboration, coordination, and accountability to take place within the project approval process in Iraq. The piloting of activity-based costing in Iraq has resulted in confusion, with little understanding among clusters and partners of how to maintain the mandatory nature of GAM and more importantly the collaborative and accountable approach that was previously in place. Global initiatives such as the ABC, while well intentioned, should take care not to impede the use of global tools such as the GAM, thereby reducing progress made in gender accountability and coordination at the country level.

Annexes

Annex 1: List of Persons Interviewed

Surname	Name	Position	Organization	
Candler	Philippa	Country Representative (Acting)	UNHCR	UN
Ruedas	Marta	Deputy Special Representative of the Secretary-General/Resident and Humanitarian Coordinator	UN	
Ali Ahmad	Ali Ahmad	Resident Representative	UNDP	
Le Roux	Susan	Head of Office (Acting)	OCHA	
Ali	Wajid	Information Cluster Coordinator	UNOPS	
Muema	Ida	Senior Gender Advisor	UNAMI	
Whiting	Karen	Deputy Representative, OIC Coordinator of Protection from Sexual Exploitation and Abuse (PSEA) Network	UNCHR	
Laforge	Lionel	GBV Program Coordinator	UNFPA	
Ward	Marriane	Deputy Country Representative	WFP	
Ibadat	Gulistan	Gender Specialist	UNDP	
Quatrrola	Veronica	Deputy Country Representative	Food and Agriculture Organization	
Simojoki	Siobhan	Head of Community Stabilisation	IOM	
Wiess	Wihad	Associated Programme Officer, IHF	OCHA	
Mutunga	Angela	GBV Programme Manager	IMC	
Rodriguez	Andres Gonzalez	Country Director	Oxfam	
Aydin	Cansu	Gender and Protection Manager	CARE International	
Mrs. Srwa R.	Hama	Director of Resource Mobilization and Gender Focal Point	Joint Crisis Coordination Centre (JCC)	NNGO/CSO
Garbalinska	Joana	Executive Director	NGO Coordination Committee for Iraq	
Jaleel	Allen	M&E Officer	Jiyan Foundation for Human Rights	
Nergiz	Rasheed	Assistant Project Manager for SGBV & SGBV Focal Point	Harikar	
Dahan	Elsa	Deputy Director of Programs	Public Aid Organization PAO	

Kigen	Elizabeth	Interim GBV Sub-Cluster Coordinator	UNFPA	Sectors
Clerici	Mauro	Cash Working Group Coordinator	UNHCR	
Kapile	Atupele	Inter-cluster Coordinator	OCHA	
Nicoletti	Claudia	Protection Cluster	UNHCR	
McTough	Mitchell	Livelihoods Cluster Coordinator	UNDP	
Lukwiya	Peter Philips	WASH Cluster	UNICEF	
Vettel	Jeniffer	WASH Cluster Coordinator	UNICEF	
Olleri	Kamal	Health Cluster Coordinator	WHO	
Monaghan	Lisa		ECHO	
Nimrat	Zaida Raida		SDC	
Mahjoub	Hammoudi	Deputy Director General, Department of Branches - Ministry of Immigration and Displaced	MoDM	Government

Annex 2: Bibliography

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University of Leeds, <i>Guidance on Supporting people with Incontinence in Humanitarian and Low- and Middle-Income Countries</i> , 2019
UNOPS, <i>Iraq Information Centre Dashboard</i>
UNOPS, <i>Iraq Information Centre</i> , 2020
UNSDG, <i>UNCT-SWAP Gender Equality Scorecard Framework and Technical Guidance</i>
WEDC, <i>Excreta Disposal in Emergencies</i> , 2007

Annex 3: Evidence Table Matrix¹

	Indicators	Observations		
RELEVANCE				
EQ1: To what extent are humanitarian responses tailored to build the capacities and resilience of women, girls, men, and boys?				
1.1 To what extent do women, girls, men, and boys participate in the design and delivery of humanitarian responses?	<ul style="list-style-type: none"> ▪ Evidence of collection and use of SADD to inform programmes. ▪ Evidence of gender analysis informing programmes. ▪ Evidence of programme adjustments being made according to the results of SADD and gender analysis. ▪ Evidence of engagement with diverse populations groups* in joint needs assessments. ▪ Evidence of engagement with diverse populations groups in agency-specific needs assessments. ▪ Evidence of engagement with diverse populations groups in monitoring activities, both collective and agency-specific 	<ul style="list-style-type: none"> ▪ Sex and age disaggregated data available in the HNO and HRP to inform programmes and Planning- MCNA also- in MSNA only sex and age was used for disaggregation until person with disability integrated in 2019. See table with SADD data from HRP. Focus of analysis (in 2018) was on Single Women Headed Households ▪ No overall gender analysis- on which to build a strategy- some efforts undertaken for example joint analysis by Oxfam and UNWOMEN in the Gender Profile for Iraq ▪ Examples of gender analysis and adjustments to programmes being made include WASH- where hygiene kits are adapted to needs including for the elderly, UNDP adjustments to Livelihoods programmes in the Stabilization programme to include women in cash-for-work activities (women restricted in terms of jobs they can do by conservative culture) also IOM initially working with CSOs on capacity development in Disability programming, now developing a service oriented programme. ▪ Multi-purpose Cash- no awareness of studies on the protection implications of Cash. Early marriage and FHH are used as targeting criteria but no specific targeting to women in general ▪ Evidence of some population groups being left behind: Persons with disability, Adolescents (particularly boys), also some evidence of the need for further engagement with men in order to address underlying gender disparities. 		

¹ This evidence Matrix is primarily based on information gathered during remote key informants' interviews. It does not provide an exhaustive account of all the information, and data analysed in relation to gender in the humanitarian response to the crisis in Iraq, which however is presented in the brief itself.

<p>1.2 To what extent do women, girls, men, and boys have access to and benefit from accountability mechanisms?</p>	<ul style="list-style-type: none"> ▪ Evidence of efforts to establish process for feedback and complaints for all population groups. ▪ Evidence of all relevant population groups being informed about accountability mechanisms. ▪ Evidence of accountability mechanisms being accessible to all population groups. ▪ Evidence of accountability mechanisms being used by all population groups. ▪ Evidence of feedback from all relevant population groups being used to inform programmes. ▪ Evidence of feedback loop with affected populations being established. ▪ Evidence of coordination efforts on accountability to affected population (AAP). ▪ Evidence of capacity of staff and organization to manage accountability mechanisms, including on sensitive issues (e.g. SEA, GBV, etc.). ▪ Evidence of action by senior decision makers on the information received. ▪ Evidence of all relevant population groups' satisfaction with accountability mechanisms 	<ul style="list-style-type: none"> ▪ Agencies report that they have their own hotlines as well as suggestion/complaints feedback boxes and desks. Also centralised system called Iraq Information Centre- acts as both information source as well as complaints and feedback mechanism- Referral through clusters and sometimes direct to organisations- works well but challenges exist- referral time, does the feedback or complaint reach the correct organisation. In general people think IIC is a positive system. #all ▪ Iraq Information Centre has dedicated outreach staff for engaging with the community, to provide awareness sessions, to conduct face-to-face outreach, focus group discussions and surveys. In 2019, 45 field missions were held across Iraq to increase IIC's visibility.#29 ▪ Ground truth reports- check. ▪ Referral system in place for GBV and the PSEA referral system is in place as well as the network on PSEA currently no PSEA coordinator. Procedures for monitoring and reporting PSEA cases are confusing and require simplification. While informants reported under-reporting of GBV they indicated that this was more so for PSEA reporting due to fear of exclusion from assistance or reduction in assistance. ▪ Creation of PSEA network and referral system is evidence of decision making by senior leadership as well as the position of PSEA Coordinator. 	
<p>1.3 To what extent are different means to foster participation effective?</p>	<ul style="list-style-type: none"> ▪ Evidence of consultations being held with diverse population groups across the phases of the programme cycle. ▪ Evidence of efforts to define (multiple/different) ways of engaging with diverse population groups inclusive of their capacities and constraints. ▪ Evidence of an ongoing dialogue/relationship being established with all relevant population groups. ▪ Evidence of population groups' preferences in relation to participation (how, when, how often, etc.) being gathered and considered. ▪ Evidence of population groups' safety in relation to participation being considered. ▪ Evidence of beneficiaries' satisfaction with the ways and level of engagement 	<ul style="list-style-type: none"> ▪ MSNA- investigates differentiated needs however this is done through the lens of head of household- limiting direct interaction with different groups (elderly, disabled, unaccompanied minors)- engagement also occurring through post distribution monitoring and feedback mechanisms. ▪ Overall safety of the population is of concern and is considered by different organisations and clusters- For example work on the safety audit currently planned for piloting. (Safety Audit guidance in Handbook for Coordination of GBV in Emergencies) ▪ IIC data for 2018-2020 suggest only 27% of callers are women- not clear why- access to mobiles? cultural reasons where complaints channelled through men. Organisations report their own feedback mechanisms including hotlines, suggestion boxes and complaints desks- some concern as to whether there is a good understanding among population that there are no adverse consequences based on complaints (e.g. loss of assistance etc.) 	

<p>1.4 To what extent different capacities on gender (collective, organizational, individual) contribute to ensuring responses are tailored to the needs, capacities, and vulnerabilities of all?</p>	<ul style="list-style-type: none"> ▪ Evidence of gender expertise being used in the design and delivery of humanitarian response. ▪ Evidence of commitments to gender equality within strategic planning. ▪ Evidence of SADD and gender analysis across programmes. ▪ Evidence of financial and other resources clearly allocated to addressing gender issues. ▪ Evidence of gender mainstreaming across clusters/sectors/working groups. ▪ Evidence of gender in HC/senior managers performance review. ▪ Evidence of efforts to build/strengthen capacity on gender. ▪ Evidence of a dedicated coordination mechanism (e.g. Gender Reference Group) on gender being established and functioning. ▪ Evidence of beneficiaries' perceptions on the adequacy and relevance of the response. ▪ Evidence of dedicated gender expertise across IASC members ▪ Evidence of social norms and gender relations amongst staff 	<ul style="list-style-type: none"> ▪ No dedicated gender capacity at HCT level, incl. One GenCap deployment in 2017 (Not confirmed) for a few months, preference would be for more permanent expertise. Ability to access preferred dedicated gender capacity limited by mandate driven responsibilities. Operationally there is enough capacity on gender among staff in-country among organisations, however strategically there is no common driving force leading gender efforts. ▪ Limited capacity of mandated-agencies such as UN Women and UNFPA: UN Women Representative “double-hatting” with Yemen, and UNFPA without GBV Sub-Cluster Coordinator for months. Despite existence of Task Force and IGG these are not commonly known among organisations and they are not focussed operationally. ▪ Dedicated gender expertise in UNAMI, but political mission, and humanitarians do not want to rely on that ▪ Organisations report difficulties in the recruitment of women national staff- partially due to conservative cultural practices preventing travel, and restricting roles that women can play and when recruited tend to leave after a few years due to marriage. UNHCR report no national women staff. UNAMI are monitoring gender parity and have increased the balance from 19% to 28% over a few years. WFP similarly report an increase in women staff from 23% to 27% with a target of 31%. Oxfam reported 30% women staff. Difficulties particularly in field-based positions due to the nature of work. ▪ Agency level examples of training on Gender include efforts by IOM, WFP, GBV Cluster however these are not always clearly linked to IASC training tools - GBV concerted effort on training through deployment of Consultant in 2019 (UNFPA) who undertook training of trainers which was followed by cascade training to cluster partners. ▪ Dedicated coordination mechanisms (as described below)Integrated Gender Task Force, IGG, and GBV Sub-cluster)-only GBV-Sub-cluster is operational in nature and mainly focused on development issues. More recently the Gender Focal Points Network has been rejuvenated. ▪ Organisations have gender expertise through focal points. In case of WFP have integrated Gender and AAP due to lack of resources for dedicated staff, IOM has dedicated staff, IMC, UNAMI, UNFPA, OCHA focal point etc. 		
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COHERENCE

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

<p>2.1 To what extent are roles and responsibilities (as per the IASC Gender Policy) fulfilled by IASC actors?</p>	<ul style="list-style-type: none"> ▪ Evidence of existing system-wide policies, guidance and tools being promoted and rolled-out at both global and field levels. ▪ Evidence of existing system-wide policies, guidance and tools being referenced in key IASC documents. ▪ Evidence of use of existing system-wide policies, guidance, and tools by IASC members at both global and field levels 	<ul style="list-style-type: none"> ▪ Most interviewees unaware of system wide policies, guidance, and tools, however, note that this may reflect the integration of system wide guidance etc. into organisation tools, guidance, and policies. ▪ Health cluster uses Real Time Accountability Partnership Action framework and the WHO Guidance on the Clinical Management of Rape Survivors- for training both of which are evidence of interagency efforts. ▪ GBV-IMS being used in-country with two dedicated staff under the cluster. ▪ Evidence of GAM use until new HRP activity-based costing which has reduced opportunities for collaborative monitoring and review of project proposals (in general but also for Gender e.g. no discussion on GAM)- reducing accountability to the cluster- partners engage directly with donors for funding. Loss of oversight of what is happening- recently implemented so impact not yet clear. 		
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<p>2.2 To what extent is humanitarian leadership at both global and country levels contributing to a coherent and consistent approach to GEEWG in humanitarian response?</p>	<ul style="list-style-type: none"> ▪ Evidence of high-level efforts and commitment to institutionalizing and enforcing a GEEWG approach in humanitarian action. ▪ Evidence of efforts by leadership to promote dissemination and use of existing system-wide policies, guidance, and tools on GEEWG across humanitarian crises. ▪ Evidence of efforts by leadership to keep issues of gender, age, sexual orientation, and other social categories as relevant to the context and the crises at the forefront of the response. ▪ Evidence of diversity among leaders as conducive to a more inclusive and participatory humanitarian response. ▪ Evidence of leadership striving towards social change and greater gender justice within and through humanitarian response. ▪ Evidence of efforts by the leadership and governance mechanisms to ensure engagement with and accountability to all relevant population groups 	<ul style="list-style-type: none"> ▪ HC/HCT made a conscious decision to focus on GBV- Protection a standing item on HCT agenda- within which issues of GBV and gender are discussed. Specific mandate for UNWOMEN- Normative, Coordination and Operational- operationally UNWOMEN engaged on development operationally not so much on humanitarian- coordination efforts exist predominantly on development with some advocacy covering humanitarian issues of concern. ▪ UNAMI mandated to deal politically with SGBV- therefore are monitoring and reporting through the SSRG to security council. Mandated to investigate and monitor police investigation and legal cases. New DPPA Gender policy-mandates and requires accountability. (Integrated missions must have Gender Advisor)***May require expansion in full evaluation report. ▪ GAM roll out in 2018 was not followed up in 2019 - staff turnover means there was confusion. ▪ Protection- is standing item in HCT where GBV and gender issues are discussed- PSEA network created by HCT is evidence of leadership engagement on gender issues. ▪ There is evidence of women holding leadership positions within agencies including SRSG, and the two DSRSG- agency heads and deputies. e.g. UNWOMEN, UNICEF, UNHCR ▪ Efforts on the Humanitarian front on GBV and PSEA but focus on GBV and PSEA while important initiatives underlying causes are not addressed perpetuating the situation. Lack of a gender analysis means that certain groups needs are not met increasing risk , for example adolescent men children run risks of recruitment into armed groups or child labour. ▪ PSEA coordinator and network are examples of leadership on accountability as well as the IIC. Different organisations took responsibility for hiring the coordinator for PSEA- WFP, UNHCR and UNFPA- with three different coordinators since 2017 but the position serves the whole community. 		
<p>2.3 To what extent have existing system-wide policies, program guidance and tools on gender been consistently used to build the capacity of the IASC members to respond?</p>	<ul style="list-style-type: none"> ▪ Evidence of existing policies, programme guidance and tools being consistently referred to/used across training by IASC members. ▪ Evidence of aid workers' knowledge and use of existing policies, programme guidance and tools. ▪ Evidence of IASC members' staff perceptions of increased capacity on GEEWG resulting from awareness of and training on existing system-wide policies, programme guidance and tools 	<ul style="list-style-type: none"> ▪ GAM and GBVIMS are the main IASC tools used and known. Other IASC guidance, tool etc. are either assumed or known to be integrated or aligned with organisational tools. UNFPA Guidelines for Integrating GBV in Humanitarian Action used by consultant for cross cluster training in 2019. No other collective training efforts using the IASC tools although Health cluster used the Clinical Management of Rape Guidance which is inter-agency guidance. Agency specific/sector specific initiatives to build capacity integrate gender equality within these initiatives. ▪ GAM and GBVIMS used. GBV toolkit is in use. Predominance of use of organisational tools, guidance etc. with the assumption that IASC guidance etc. is integrated into the organisational tools and guidance. Interagency Complaint Intake and Referral form and standard operating procedures. ▪ GAM training in 2018 found to be useful and fears that due to high turnover in staff and lack of training on GAM in 2019 has resulted in weaker GAM analysis. GBV training provided by UNFPA was seen as useful. 		
<p>2.4 To what extent are humanitarian programmes aligned to existing policies and tools on gender equality and the empowerment of women and girls?</p>	<ul style="list-style-type: none"> ▪ Evidence of humanitarian response plans and programmes (collective, for e.g. the HRP, and of individual IASC members) referencing existing system-wide policies, programme guidance and tools on GEEWG. ▪ Evidence of humanitarian response plans and programmes (collective, for e.g. the HRP, and of individual IASC members) being built on, and making use of existing policies, guidance, and 	<ul style="list-style-type: none"> ▪ AAP, PSEA and GBV Guidance and tools referenced in HRP however not the GIHA Handbook or Gender policy. ▪ See above and evidence on PSEA and GBV and AAP. ▪ As a result of the move to Activity based Costing the GAM may no longer be a mandatory requirement. 		

	tools			
EFFECTIVENESS				
EQ3: How effective are existing IASC-promoted efforts to strengthen gender equality and the empowerment of women and girls in humanitarian programming?				
3.1 To what extent are roles and responsibilities (as per the IASC Gender Policy) fulfilled by IASC actors?	<ul style="list-style-type: none"> Evidence of enabling factors and challenges in performing the responsibilities assigned to them as per the IASC Policy and related Accountability Framework. Evidence of IASC members including at least one high/level result on GEEWG in their main strategic document and reporting. Evidence of gender results in IASC members' performance review system. Evidence of actions and commitment by the IASC leadership 	<ul style="list-style-type: none"> Gender Policy and Handbook were not mentioned, and people were not aware of them, so were not socialised. #all Performance appraisal of leaders very unstructured, they could do whatever they want and not necessarily be assessed against. Reference to HCT and HC ToR and accountability on Gender. Review HRP, there is no Gender Strategy- Iraq HCT Protection Strategy Protection is a standing item in the HCT - within which gender and GBV issues are discussed, in addition PSEA is a key priority of the HC/RC. and there is an HCT endorsed Iraq HCT Protection Strategy. Although other key informants believe this is not a priority given the regular changes in the PSEA coordinator and the lack of one currently. 		
3.2 To what extent have the existing policies, guidance and tools been effective in ensuring capacities on gender equality and the empowerment of women and girls are built?	<ul style="list-style-type: none"> Evidence of enabling factors and challenges in the effective use of existing policies, guidance, and tools. Evidence of ongoing gender training at all levels being made mandatory for all IASC members. Evidence of entity-wide assessment of capacity on gender of all relevant entity staff carried out by IASC members. Evidence of all relevant population groups' perceptions on the effectiveness of the response. Evidence of use and referencing of existing material in training, project documents, advocacy material, and so on. Evidence of harmonized, coherent approach by all IASC members on gender in policies and programmatic documents and tools. Evidence of efforts to engaging with and strengthening national and women's organizations in the response; 	<ul style="list-style-type: none"> Lack of socialisation of the Gender Policy and Guidance and tools, lack of priority and high turnover of staff are key challenges. Initiatives that leave an impression are those that are targeted broadly on issues that are relevant to a wide audience, e.g. the GAM and GBV trainings by UNFPA consultant. No evidence of mandatory training on Gender, refer to above for trainings undertaken in Iraq. Iraq was among the pilot countries for the revised UNCT-SWAP Gender Equality Score Card. See Ref. Gender SEAL (UNDP certification of public institutions)-Not humanitarian focussed in nature. GAM, GBV, PSEA and AAP referenced in capacity building efforts including training of partners. Coherent use of SADD, women and girls prioritised particularly with reference to GBV, (with a focus on integrated service provision). Consistent lack of attention to the differentiated needs and concerns of adolescent boys. In addition, little focus on men as key interlocutors for resolving, preventing, and transforming gender inequality and disparities in empowerment of women. Evidence of INGOs supporting Women's rights organisations, providing capacity building and small business grants. Areas of focus include women and governance, increased participation of women, advocacy on ending GBV. NNGOs reported that they have received capacity development support. Other efforts in capacity building in general included gender components. Health cluster support to agencies that work in GBV included trainings on Mental Health and Clinical Management of Rape, which was mainly targeted to women staff. 		
3.3 To what extent have the existing processes and structures (Theory of Change Platform for Action) been effective in ensuring capacities on gender equality	<ul style="list-style-type: none"> Evidence of enabling factors and challenges in the establishment and effectiveness of processes and structures on gender. Evidence of strategic response planning processes and tools with an integrated gender component. Evidence of coordination efforts and mechanisms with an integrated gender component. Evidence of partnership and capacity 	<ul style="list-style-type: none"> Activity Based Costing process that is replacing the traditional project-based one is a challenge- possible dismantling previously existing planning, monitoring processes and procedures reducing accountability of clusters and actors on gender. Enablers include the PSEA-Network, Sub cluster GBV, IGG and IGTF, GenCap deployment in 2017 Strategic Response Planning Tools e.g. HRP used the GAM in 2017, 2018 as mandatory. Shift to Activity based Costing could remove the mandatory nature and use of the GAM. SADD is used throughout the HRP however data on disability is missing except 2019., Clusters reported the mainstreaming of gender, e.g. the livelihoods and WASH cluster, however in some cases targeting of women headed households was as far as integration or mainstreaming went e.g. 		

<p>and the empowerment of women and girls are built?</p>	<p>development efforts with an integrated gender component.</p> <ul style="list-style-type: none"> ▪ Evidence of consultations and inclusion of national and local women rights and women-led organizations in preparedness and response efforts. ▪ Evidence of funding for capacity strengthening of women-rights and women-led organizations. ▪ Evidence of humanitarian funding accessed by women rights and women-led organizations 	<p>Cash Working Group</p> <ul style="list-style-type: none"> ▪ Gender SEAL(assesses institutional framework, capacity, laws, policies and programming and results)-piloted in Iraq with Government entity Women Empowerment Directorate in the General Secretariat for the Council of Ministries and the Ministry of Planning (MoP). ▪ Evidence of INGOs supporting Women’s rights organisations, providing capacity building and small business grants. Areas of focus include women and governance, increased participation of women, advocacy on ending GBV. NNGOs reported that they have received capacity development support. Other efforts in capacity building in general included gender components. Health cluster support to agencies that work in GBV included trainings on Mental Health and Clinical Management of Rape. (mainly targeted to women staff) 	
<p>3.4 To what extent is the work to advance gender equality adequately resourced through funding and staffing?</p>	<ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in the establishment and effectiveness of processes and structures related to funding and staffing. ▪ Evidence of adequate human and financial resources being allocated to gender-related activities. ▪ Evidence of the right staffing profile in place to deliver on gender issues 	<ul style="list-style-type: none"> ▪ Evidence that funding is not a constraint for GEEWG in Iraq, both INGO’s and UN report adequate funding. Funding available for capacity development as well as economic empowerment activities- some concerns about quality of programming. This is contrary to what funding to GBV suggest where limited requirements received limited funding. See funding analysis for GBV. ▪ While coordination structures exist for the PSEA, GBV and Gender at the UNCT level (IGTF)with participation of development, humanitarian agencies and UNAMI. However, informants reported UN Women having a stronger focus on development rather than humanitarian work, which is also reflected in the IGTF workplan. as a result, crisis-specific gender considerations are left at the understanding and capacity of clusters, with a key role of the GBV Sub-cluster, this is not the case for the Humanitarian efforts. More recently Gender focal points are present at cluster level, however a clear strategy and leadership on gender issues is missing. Evidence that this is leading to addressing the “symptoms” of gender inequality such as GBV and PSEA rather than the underlying gender dynamics that are the main drivers. resulting from lack of profound gender analysis, besides the UN Women one from 2017, and lack of specific attention to and capacity on gender in emergencies, also resulting from UN Women focusing on development rather humanitarian work. Human resource capacity in 2017 of a GenCap was reportedly useful. ▪ See financial analysis- GBV used as proxy in absence of other data.-not enough to account for total contribution to GEEWG due to mainstreaming of gender funding and actions. ▪ Gender expertise present at organisational level or focal point assigned at cluster level-no overall gender advisor to lead and drive GEEWG and no intention for leadership to request one as the assumption is that UNWOMEN should take the lead. 	

<p>3.5 To what extent are IASC efforts contributing to making humanitarian programmes gender-responsive?</p>	<ul style="list-style-type: none"> ▪ Evidence of inclusive and participatory humanitarian planning and outcomes. ▪ Evidence of GaM being used consistently by all IASC members. ▪ Evidence of programmes with a GaM codes 3-4. ▪ Evidence of programmatic objectives on GEEWG being met by IASC actors. ▪ Evidence of activities tailored to the needs, power dynamics, and roles of relevant population groups 	<ul style="list-style-type: none"> ▪ On the other hand the GAM was well known and used (68% in 2019) however some informants refer to it as a “tick the box exercise.”. Recent moves to an “Activity-based Costing” means that there are less opportunities for clusters to have oversight on projects including gender equality aspects, which they had previously- reducing accountability mechanisms. As a result of the move to Activity based Costing the GAM may no longer be a mandatory requirement (to be further explored) ▪ There are 184 projects in the Iraq FTS; 127 of these have a valid GAM reference number. One organization (NRC) submitted the same GAM for two projects, leaving 126 projects (68%) with a completed GAM. ▪ FHH reported as a key target of interventions. Livelihoods cluster and UNDP stabilisation programme note efforts to target women with economic empowerment efforts. WASH report considerable efforts for differentiated programming including 7 different type of Hygiene kits to meet different needs including for the elderly. However gaps noted particularly for adolescent/youth boys with risk of unsocial behaviours, child labour and recruitment to armed groups. In addition, persons with disability are less served although IOM working with national NGO’s to address this, deemed insufficient focus by KI.
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COORDINATION

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

<p>4.1 To what extent are roles and responsibilities (as per the IASC Gender Policy) by IASC actors contributing to ensuring coordination and complementarity?</p>	<ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in ensuring coordination and complementarity. ▪ Evidence of IASC members and leaders communicating and championing gender equality and the empowerment of women and girls at all levels and vis-à-vis all actors. ▪ Evidence of gender analysis or gender specific outcomes in Principals’ decisions. ▪ Evidence of IASC members encouraging ownership of and coordinated action on GEEWG in humanitarian response. ▪ Evidence of IASC members actively participating in inter-agency coordination mechanisms on GEEWG. ▪ Evidence of complementarity in gender responsive programming 	<ul style="list-style-type: none"> ▪ UN Women chair an integrated Gender task force of the UN- Covers development, humanitarian, and political issues (UNAMI is also a member) parliamentary, women representation. Humanitarian Women in peace, GBV - assessed the impact of Conflict on women and girls. Not operational- provide input to reports, advocacy, and opportunities for synergies (joint programming) - does not seem to provide guidance or operational support. ▪ International Gender Group- Donors, International Organisations, UN, and NGO’s- lead by donors- technical people engaged in this focussed on issues at a strategic and policy level- legal and policy type issues e.g. developing a policy framework for GBV. ▪ GBV-Sub Cluster-most functional in terms of humanitarian work- practical and active- widespread membership including local organisations. Representation locally, 7 sub-groups in the governorates. ▪ PSEA efforts at HCT and the HCT Protection strategy are evidence of efforts at encouraging ownership and coordinated action on GEEWG. However, key informants suggest more could be done on advocacy with government recognising the sensitive nature of the matter. ▪ Evidence of participation and contribution to inter-agency coordination, for example IGTF workplan (although mainly on development issues), but also the IGG which is a coordination mechanism of the international community for advancing the women, peace and security agenda, in line with the United Nations Security Council Resolution 1325.
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<p>4.2 To what extent is gender responsive humanitarian programming by IASC members coordinated and complementary?</p>	<ul style="list-style-type: none"> ▪ Evidence of enabling factors and challenges in ensuring coordinated and complementary gender-responsive programming. ▪ Evidence of gender in humanitarian action capacity at the decision-making level at both global and field levels. ▪ Evidence of establishment of and consultation with gender capacity at the field level to support analysis and decision-making. ▪ Evidence of coordination processes and mechanisms (clusters, and others) consistently integrating gender. ▪ Evidence of initial joint rapid assessments with an integrated gender component. ▪ Evidence of joint needs assessments with an integrated gender component. ▪ Evidence of gender integration in humanitarian needs overviews and response plans. ▪ Evidence of efforts to explore and leverage synergies on GEEWG (for e.g. meetings, roundtable discussion, and so on). ▪ Evidence of gender expertise and capacity (GenCap, Gender Specialist, Gender working group, etc.) available at the HCT level 	<ul style="list-style-type: none"> ▪ No dedicated gender capacity at HCT level, incl. only one GenCap deployment 2017, preference would be for more permanent expertise. ▪ Dedicated gender expertise in UNAMI, but political mission, and humanitarians do not want to rely on this due to clear divide between how issues are dealt with by humanitarians and the human rights people, for e.g. GBV service provision cf. investigations. ▪ Unclear role of UNWOMEN in this context- focus on development and programming- rather than coordination of Humanitarian efforts- some concern of lack of capacity to fulfil this dual mandate. ▪ Gender focal points present at cluster level- also organisations have focal points/specialists, e.g. IOM, UNDP. However there is no overall leadership and coordination on gender- no common analysis- efforts undertaken include the Iraq Gender Profile, the Women, and ISIL report- no gender strategy. In addition, clusters and partners trained on GBV. ▪ Sex and age disaggregated data available in the HNO and HRP to inform programmes and Planning- HNO provides gender analysis based on MSNA. In MSNA only sex and age were used for disaggregation until person with disability integrated in 2019. See table with SADD data from HRP. Focus of analysis (in 2018) was on Single Women Headed Households. ▪ Currently only PSEA coordinator position at HCT level- and there has been a gap in recruitment. No overall gender coordinator in place- GenCap in 2017 for a few months. 		
<p>4.3 To what extent is coordination contributing to gender-responsive humanitarian programming by IASC members?</p>	<ul style="list-style-type: none"> ▪ Evidence of improved complementarity across IASC members on GEEWG. ▪ Evidence of improved consistency in the analysis of the needs, power dynamics, and roles of relevant population groups among IASC members. ▪ Evidence of gender mainstreaming across clusters and other coordination mechanisms and processes 	<ul style="list-style-type: none"> ▪ No evidence of improved analysis of needs, power dynamics etc.- however there is knowledge among staff much of it anecdotal and not studied and recorded as such- sectoral work ongoing without necessary complementarity. The exception to this is cross cluster GBV efforts and recent initiative on the Safety Audit led by UNFPA across Health, Camp Coordination and Camp Management, NFI/Shelter and GBV to identify risks. ▪ Livelihoods clusters, GBV cluster (less mainstreamed but targeted intervention), health cluster are examples of clusters that are mainstreaming gender- each has focal points on gender. 		