



EuroMed Rights  
EuroMed Droits  
الأورو-متوسطية للحقوق

## **11th GENERAL ASSEMBLY OF EUROMED RIGHTS**

Brussels, 22 - 24 June 2018

### **GENDER AUDIT**

*As this report could not be drafted in cooperation with the outgoing EC, it will be used as a basis for discussion/evaluation by the next EC.*

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## EXECUTIVE SUMMARY

Since 2004, the Euro-Mediterranean Human Rights Network has worked proactively on promoting women's rights and gender equality in the Euro-Med region as well as among its membership of more than 70 human rights organisations. The current Gender Audit has focused on evaluating the implementation of the *"EuroMed Rights strategy to promote gender equality and women's rights in the Euro-Med region – 2016-2018"*.

The gender audit has been conducted as an internal audit, based on information from regular progress reports and the analysis of questionnaires and interviews with a number of staff members, Executive Committee members and member organisations as well as inputs from Gender Focal Points of the solidarity and thematic working groups of the Network, collected during an evaluation workshop.

The audit does not reflect – nor aimed to look into – the daily work of member organizations, both feminist and generalist human rights organizations, to promote women's rights and gender equality in an environment often hostile to gender equality. Hence the audit is an evaluation of how the internal gender mainstreaming of EuroMed Rights – which aims at globally strengthening gender equality considerations in the Network - has progressed.

### **Achievements**

During the period 2016-18, EuroMed Rights has maintained its political commitment to gender mainstreaming both in its internal functioning and external activities and has initiated important discussions on the separation of its gender mainstreaming efforts from the work of the Gender Working Group. Also, gender mainstreaming has been further institutionalised by way of the consolidation of a gender focal point system in the solidarity and thematic working groups, preparation of gender guidelines (called gender "packs") for the thematic and country programmes, inclusion of gender mainstreaming in the planning, monitoring and evaluation system and implementation of some gender mainstreaming trainings for staff and member organisations. Gender mainstreaming has also been strengthened in the communication, programme and advocacy work, while the promotion of and communication about women's rights and the fight against violence against women has increased, particularly due to the campaign on the Istanbul Convention launched in the fall of 2016.

### **Challenges**

Overall, EuroMed Rights seems to have been very ambitious – maybe even too ambitious - in setting its priorities for gender mainstreaming for the period. Among the challenges encountered in the implementation of the gender mainstreaming strategy has been the lack of common understanding of what gender mainstreaming means to the organisation and therefore how to truly move forward with it. The insufficient technical capacity for gender mainstreaming across the organisation and its members as well as the lack of financial and human resources, have also been identified as major hindrances. Further, the lack of accountability mechanisms to monitor the implementation of gender mainstreaming and thus determine the level of integration of gender equality in the organisation has been a barrier. Finally, it is unclear to many across the organisations how gender mainstreaming internally in the Network benefits or can contribute to bringing about gender equality on the ground.

### **Suggestions to move the gender mainstreaming agenda forward**

At the political level:

- EuroMed Rights should ensure discussions of the political and organisational goals of gender mainstreaming; discussions that should materialise in the production of a gender mainstreaming strategy and work plan for EuroMed Rights for the coming three years.
- Following the elaboration of the gender mainstreaming strategy and work plan, EuroMed Rights should work to ensure ownership of this strategy across the organisation.
- EuroMed Rights should dedicate specific human and financial resources to gender mainstreaming

At the organisational and programme level:

- EuroMed Rights should strengthen its Gender Focal Point system, by identifying and putting in place incentives for GFPs and giving clear guidance on deliverables and accountability measures for their work
- EuroMed Rights should continue to build the technical capacity of its staff and members on gender mainstreaming
- EuroMed Rights should include in its next Gender Audit an assessment of the daily work of members on gender equality
- EuroMed Rights should ensure that gender is mainstreamed into all thematic and country program strategies and continue to strengthen the gender mainstreaming efforts of its solidarity and thematic working groups
- EuroMed Rights should reinforce accountability for gender mainstreaming across the Network, by putting in place adequate accountability mechanisms
- EuroMed Rights should identify and provide resources for pilot projects showcasing the added value of gender mainstreaming and the link between GM and increased gender equality on the ground
- EuroMed Rights should elaborate a gender glossary in three languages to support its gender sensitive communication efforts

## INTRODUCTION

Gender equality and the importance of highlighting and actively promoting the rights of women and women's participation in public life is a key value of EuroMed Rights, as stated in its strategy document for 2012-2018. Hence, work within and outside the Network, as well as its organisational methods, aim at obtaining gender equality.

Since 2004, EuroMed Rights has been working proactively on promoting women's rights and gender equality in the Euro-Med region. In 2011, EuroMed Rights drafted a Gender Equality Policy Paper (GEPP) outlining its commitments and objectives with regard to gender equality. This policy was subsequently approved by the Executive Committee and adopted by the General Assembly in 2012. Furthermore, EuroMed Rights' commitment to the promotion of gender equality is enshrined in its statutes and bylaws and is at the forefront of its decision-making structures.

From 2012, the Network has also particularly focused on combating violence against women and promoting women's rights in the region through its' regional, thematic program and working group on women's rights and gender equality.

EuroMed Rights has carried out three previous Gender audits in 2008, 2012 and 2015 to evaluate the level of gender mainstreaming of EuroMed Rights structures and activities (2008 and 2012) as well as the level of gender equality awareness and gender mainstreaming efforts of the EuroMed Rights membership (2015). It has also developed a gender mainstreaming reference kit for civil society organisations to promote gender mainstreaming in their work and has been offering trainings on this basis since 2008.

Past gender audits have concluded, that while gender is relatively well integrated into EuroMed Rights structures such as statutes, by-laws, executive bodies and working groups, challenges still remain, particularly in relation to the gender equality awareness and gender mainstreaming efforts of the EuroMed Rights membership. Following the 2015 audit, that more specifically focused on the needs and capacities of member organisations in the field of gender mainstreaming, a more comprehensive strategy was drafted, to more thoroughly address the shortcomings in gender equality in the region and the capacities (and needs) of EuroMed Rights and its member organisations to address them. This "Strategy to promote gender equality in the Euro-Med region 2016-18" (hereafter called "the Gender Mainstreaming strategy"), outlines the priorities for gender mainstreaming at three interconnected levels: the political, organizational and programme levels.

### **Purpose of the audit**

In June 2018, the current EuroMed Rights Gender Mainstreaming strategy expires. The present audit, conducted during the first half of 2018, therefore aims at evaluating and tacking stock of the progress made towards implementing this strategy as well as the challenges met during the strategy period. More specifically the audit:

- Outlines the advancements and achievements at the three levels of the strategy since its adoption in 2016
- Analyses the challenges met in the implementation of the strategy
- Outlines the lessons learnt during the implementation of the strategy

- Comes up with recommendations for the future mandate of the Network

For a detailed description of the purpose, objectives and methodology of the Gender Audit, see the Terms of Reference (ToR) attached as Appendix 1.

## METHODOLOGY

The gender audit is an internal audit, carried out by the EuroMed Rights Gender Programme Officer, assisted by an intern under the supervision of the programmes director. The preliminary report was discussed with the political referent for gender and the Executive Committee.

The audit is based on:

- Regular progress reports on the implementation of the Gender Mainstreaming strategy, carried out by the gender programme officer throughout the strategy period and discussed at GWG and EC meetings
- The analysis of additional data collected through targeted questionnaires and interviews with stakeholders from three different levels of the organization: six selected members of the Executive Committee, five members of the EuroMed Rights solidarity and thematic working groups and ten selected staff members (four management staff and six ordinary staff). A selected number of member organisations from each solidarity/working group (2-3 organisations) were approached to give their contribution through the programme officer in charge of the individual program (22 questionnaires in total).
- Furthermore, inputs from the gender focal points (GFP) of the different solidarity and thematic working groups have been gathered during a dedicated evaluation workshop for GFPs held in Amman in November 2017.

Terms of reference for the audit as well as the questionnaires that guided the interviews, have been prepared by the Gender Programme Officer and shared for approval with the gender mainstreaming sub-committee<sup>1</sup> of the Gender Working Group. The questions of the questionnaire were guided by the priorities of the Gender Mainstreaming strategy 2016-18 as well as the actions described in the Action Plan developed for its implementation.

The main findings and recommendations of this audit report have been presented to and approved by members of the Gender Working Group, who also gave their comments and inputs to it, during the last meeting of the group on 28-29 April 2018. The final gender audit report will be presented to the EuroMed Rights General Assembly in June 2018.

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<sup>1</sup> This sub-committee of 4-5 members of the Gender Working Group works to ensure gender mainstreaming, on behalf of the GTG, and aims to support the gender mainstreaming efforts of the network.

## Limitations of the audit

Due to limited time and financial resources, the Gender Audit was carried out as an internal audit. It may be argued that an external audit, entrusted to a professional expert, would have been more objective and maybe have more impact on the organization.

Due to time constraints, not all staff, EC members or member organisations were consulted and particularly responses from member organisations were few and not always very detailed, and thus did not always provide much information to analyse. Thus, the audit does not give a full picture of all staff, EC members and member organisations' assessment of the implementation/progress made.

The different levels of the organisation (staff, EC members, member organisations) have different positions from where they assess the situation, and thus face different challenges and have different needs and recommendations. While the different challenges and recommendations of these different levels are reflected under their corresponding strategic level, the conclusions of the audit largely also depend on the amount and quality of information given from each level.

Finally, the audit does not reflect – nor aimed to look into – the daily work of member organisations, both feminist and generalist human rights organisations, to promote women's rights and gender equality in an environment often hostile to gender equality. Hence the audit is an evaluation of how the internal gender mainstreaming of EuroMed Rights – which aims at globally strengthening gender equality considerations in the Network - has progressed.

## A REMINDER OF THE THREE STRATEGIC LEVELS OF THE GENDER MAINSTREAMING STRATEGY 2016-18

The Gender Mainstreaming strategy that was adopted in 2016, outlines the strategic priorities and key actions to be undertaken by EuroMed Rights from 2016-18, in order to continue its active promotion of gender equality in the EuroMed region. The priorities and actions are divided into three levels; the political, organizational and programme level.

At the **political level**, the main objective has been:

*To maintain and strengthen the political commitment of the network to the promotion of gender equality both internally as well as externally*

Key actions included:

- Update and revision of the Gender Equality Policy Paper (GEPP) & active promotion of the policy among members to keep them aware of their commitment to gender equality
- Gender mainstreaming of the new EuroMed Rights strategy (to be prepared in 2018). This will help ensure a political commitment to the active promotion of gender equality through EuroMed Rights work in the region

- Expectations towards members in terms of gender mainstreaming are clearly formulated in the membership application procedure and pro-actively used in the selection process
- Active involvement of EuroMed Rights' decision-making bodies (Executive Committee and Troika) in actions at the political level, i.e. revision of GEPP, gender mainstreaming of EuroMed Rights strategy etc.
- Active involvement of the Gender Political Referent as a resource enabling the continuous development of gender mainstreaming awareness and capacities in the EuroMed Rights decision making bodies
- Allocate resources for gender mainstreaming in EuroMed Rights budgeting and fundraising efforts
- Provide high level response to key issues pertaining to gender equality in the region to show EuroMed Rights commitment to gender equality
- Communicate clearly about EuroMed Rights commitment to gender equality through the website, Newsletter, social media etc.

At the **organisational level**, the main objective has been:

*To build an organisational infrastructure supporting the promotion of gender equality, including through capacity building*

Key actions included:

- Appointment of Gender Focal Points (GFP) in all thematic and country working groups (WGs), who take responsibility for the gender mainstreaming of the work undertaken by these groups
- Constitution of a GFP sub-committee composed of all GFPs who meet yearly, build their capacities in terms of gender analysis and gender mainstreaming and exchange experiences and best practices from within their thematic/country group.
- Establishment of mentor/mentee ships between resource persons from the GWG and the individual GFPs, aimed at providing the GFPs with continuous support in their role as promoters of gender mainstreaming of the work of the thematic and country WGs
- Support to and capacity building of EuroMed Rights member organisations, enabling them to address gender inequalities in the EuroMed region, including through the use of good practices among member organisations
- Continuous monitoring of EuroMed Rights GM work through regular gender audits
- Continuous development of gender equality capacity building/trainings for EuroMed Rights staff

At the **program level**, the main objectives have been:

- 1) *EuroMed Rights supports member organisations in strengthening their gender mainstreaming (GM) knowledge and capacity and activating it, in order to promote increased gender equality in the EuroMed region*
- 2) *EuroMed Rights gender mainstreams its program, communication and advocacy work in order to promote increased gender equality in the EuroMed region*

Key actions included:



- 1.0 Revision of the EuroMed Rights Gender Mainstreaming Reference Kit (GMRK)<sup>2</sup> (by 2017)
- 1.1 Tailor made trainings for selected member organisations and working groups (WGs)
- 1.2 Targeted support to selected member organisations expressing a wish to move forward with the elaboration of a gender policy and gender analysis of their work
- 2.0 GM of the work of all EuroMed Rights programmes supported by GM packages<sup>3</sup> and the active role of GFPs
- 2.1 GM of all EuroMed Rights publications and communication
- 2.2 GM of all EuroMed Rights advocacy efforts (missions, policy papers, recommendations, reports etc.)
- 2.3 GM section in the joint EuroMed Rights newsletter

## PROGRESS AND CHALLENGES TOWARDS IMPLEMENTATION

### Progress at the political level

Overall, the Network has maintained its political commitment to the promotion of gender equality both internally and externally over the past three years. Some important discussions have also been initiated both at the level of the Executive Committee (EC) as well as the working group on women's rights and gender equality (hereafter "the Gender Working Group") about the need to separate the responsibility for and work on gender mainstreaming from the Gender Working Group, which currently carries this responsibility within its mandate. These discussions have resulted in a proposal put forward in the new EuroMed Rights strategy for 2018-21 to place the political responsibility for gender mainstreaming at the highest political level, while leaving the more technical aspects to staff. If implemented, such a separation could lead to a strengthened political commitment in the future, if combined with concrete support to the political decision-making bodies in taking on this responsibility.

#### Involvement of EuroMed Rights decision-making bodies, including the gender political referent in GM

During the strategy period, gender issues have been regularly presented to and discussed by the Troika and Executive Committee, including the Gender Mainstreaming strategy and progress towards its implementation, the above-mentioned separation of gender mainstreaming from the Gender Working Group as well as the current gender audit. However, there are diverging views in the Network on the level of commitment and active involvement of the political decision-making bodies (mainly the Executive Committee) in the promotion of gender mainstreaming. While some EC members feel more ownership and concern about gender mainstreaming than before, others think that there could be a stronger political commitment to gender equality.

While the EuroMed Rights Gender Equality Policy Paper was not updated during the strategy period, priority was given to work on gender mainstreaming the new overall Network strategy for 2018-21, which should be presented to the General Assembly in June 2018. Although gender was not entirely mainstreamed into the new

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<sup>2</sup> The Gender Mainstreaming Reference Kit elaborated in 2008 is a toolkit intended to serve as a resource document for assisting EuroMed Rights and its member organisations as well as CS at large in mainstreaming gender in their policies, programmes and interventions.

<sup>3</sup> GM packages are 2-4 page documents intended to support gender focal points and programme officers in their GM efforts by proposing gender angles to their thematic or country work and giving practical ideas on how to include gender in the work of working groups and solidarity groups.

strategy, some important efforts were made and reflected i.e. in the separation of gender mainstreaming from the work on women's rights and the inclusion of gender sensitive language in the strategy.

#### High level response to gender equality issues in the region, showing gender equality commitment

Also, during the strategy period, communication about EuroMed Rights' commitment to gender equality through the website, Newsletter and social media has improved. Public declarations have been made in favour of gender equality and against discrimination both in the framework of the women's rights and gender equality programme as well as other programmes. EuroMed Rights has also been represented at high level at the Union for the Mediterranean civil society conferences on women's rights, lastly at the civil society forum that took place ahead of the fourth Ministerial meeting on women's role in society in Cairo in November 2017.

Both staff, EC members and member organisations consider that EuroMed Rights has a strong and visual "women's rights identity" more so than a "gender equality identity", which was the strategic objective. Many members are committed to working on women's rights while the campaign on the Istanbul Convention to combat violence against women, launched in the fall of 2016, has also contributed to strengthening the women's rights focus of the Network.

#### Allocation of resources for gender mainstreaming

An area in which not much progress has been made, is in the allocation of resources for gender mainstreaming in EuroMed Rights budgeting and fundraising efforts. Although efforts have been made to include gender mainstreaming in the budget of some fundraising proposals, there still is no specific budget or budget line dedicated to gender mainstreaming nor dedicated human resources to work on gender mainstreaming<sup>4</sup>. A specific budget continues to be prioritised and secured for the women's rights and gender equality program, which, until now has been seen as encompassing gender mainstreaming. However, earmarked resources have not been allocated to gender mainstreaming.

#### Gender mainstreaming and awareness as criteria for membership

Finally, expectations towards members in terms of gender mainstreaming, although mentioned in the membership application procedure, have not been further clarified and strengthened – as intended in the strategy. Gender expertise, awareness and mainstreaming has also not been sufficiently pro-actively used as criteria in the member selection process, as it often collides with other priorities, such as geographical balance in the membership and other sought-after competencies and qualities in an applying organisation. Furthermore, resources to pro-actively identify new women's rights organisations have not been available.

## Challenges at the political level

Despite the progress outlined in the above, many challenges were also met in the implementation of the political level of the gender mainstreaming strategy.

One of the major challenges, reflected by most staff, management and even some EC members, has been **to secure the proper anchoring of GM in the current EC** When the EC was elected, it was taken for granted that it would continue the work on GM where the past EC left. However, no proper introduction to the policies

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<sup>4</sup> However, for a period of 10 months from mid-June 2016 to mid-April 2017, a half time position dedicated to gender mainstreaming was made possible through internal re-shuffling, during the maternity leave of the gender programme officer. During this period, significant advances were made both in terms of staff trainings as well as preparing gender "packs" and providing general supervision on GM.

and commitments of the Network in terms of GM was provided nor any handover from the previous EC, making it challenging for the gender political referent to strongly promote the gender mainstreaming agenda within the EC, as well as for EC members to properly position themselves on the issue.

This lack of proper anchoring, however, is also linked to the fact, that there are very **different perceptions of what gender mainstreaming is** and how to apply it. This **lack of common understanding** among EC members, staff and member organisations is a contributing factor to GM not being done systematically. As one respondent explains:

*"There is no alignment (agreement) of what the network thinks gender mainstreaming is, and how to work with it and thus gender mainstreaming is not done systematically throughout the network internally and externally."*

This lack of common understanding is also linked to the **lack of a clear distinction and separation between the women's rights and gender equality program and the work on gender mainstreaming**, since the GWG currently also has in its mandate the responsibility for gender mainstreaming, and the gender programme officer is responsible for both issues as well. The lack of separation between the two areas of work lead many to **think and act as if GM is about focusing on women's rights and experiences only** and leads to confusion at all levels of the organization.

Another major challenge identified, is the **lack of a specific budget allocated to gender mainstreaming**. The budget allocated for working on gender issues is the budget for the Women's Rights and Gender Equality Programme, which focuses its work on promoting women's rights (as a contribution towards gender equality). However, no specific budget is allocated to the implementation of the gender mainstreaming strategy and its activities, including dedicated human resources to carry them out. As could be argued, real commitment should include dedicated financial and human resources and as experience from the maternity leave period of the gender programme officer has proven, great advances can be made, merely by dedicating human resources (in this case a half time position for 10 months)<sup>5</sup>.

While LGBTQI rights are more actively supported by EuroMed Rights in several countries (including Tunisia and Egypt) several staff and EC members still regret that **LGBTQI rights are not explicitly and systematically included in the gender policies** and gender equality work of the Network, which they hope to see in the future.

## Progress at the organisational level

Overall, gender mainstreaming (GM) as a concept has been well integrated into the organization and is more present at the internal level than before. Most staff, EC members and member organisations can give examples of GM initiatives that have been formalized, i.e. gender focal points, gender "packs", gender policies etc. Many

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<sup>5</sup> During this period, two GM trainings were held for staff, and one for Algerian members in connection with a training on UPR reporting. Furthermore, gender was more systematically included in the planning and monitoring systems and programme officers were regularly supported/coached to integrate gender considerations in their planning and reporting. Gender "packs" for all country and thematic programs were finalized, GFPs were convened for a meeting and trained on GM, while also regularly supported via phone calls and e-mails. Finally, the gender political referent was supported in her promotion of GM in the EC and regular progress reports on the implementation of the GM strategy elaborated, just to mention the main advances made.

consider it a success in itself that these have been institutionalized – at least on paper. What remains a challenge is the implementation of these initiatives (see more in the “Challenges” section). The general principles of gender balance and equal participation of men and women in activities of the Network, such as meetings, mission and conferences, are also well integrated within EuroMed Rights and actively promoted by staff and EC members. Nevertheless, some member organisations, tend to primarily send men to Network activities, often making it difficult to always meet the goal. Also, attention to gender balance and equal participation is still seen as the main objective and goal of gender mainstreaming for several staff and EC members, whereas gender mainstreaming is also about assessing the implications for both women and men of any actions, legislation, rights violations etc.

#### Gender Focal Points

Among the concrete achievements has been the appointment of Gender focal points (GFP)<sup>6</sup> (3 women – 1 man) in the working group (WG) on Migration and Asylum; Palestine, Israel and the Palestinians; Egypt; and Syria. These focal points were chosen by the working group members from among the group members themselves. A small sub-committee of the GFPs was formed and they participated twice during the strategy period in a specific GFP meeting as well as in the Gender Working Group meeting, in October 2016 and November 2017 respectively. During the dedicated GFP meetings they received some information and support and shared their experiences, challenges and successes. During the last meeting in November 2017, they also evaluated their role and contribution as GFPs. The information from this evaluation is included in this audit report. The establishment of mentor/mentee ships between resource persons from the GWG and the different GFPs, aimed at providing the GFPs with continuous support in their role as promoters of gender mainstreaming in their respective WGs, however, did not materialize. This was mainly due to the fact, that the appointed GFPs did not feel a need for it, as many of them were already quite knowledgeable about gender.

In terms of the added value of the GFP system, programme staff indicated, that GFPs have contributed to keeping GM on the agenda of the WGs. However, there have also been challenges in relation to the GFPs, reflected in the “Challenges” section.

#### Capacity building of EuroMed Rights staff

In the area of capacity building of EuroMed Rights staff on GM, three workshops have been held for staff during the strategy period: one training for Paris staff in December 2016, one training for Brussels staff in March 2017 and one for both Paris and Brussels staff in May 2018. The trainings that were carried out by the EuroMed Rights gender programme officer, were all half-day sessions explaining the commitments of EuroMed Rights to GM as well as basic concepts, elements of a gender analysis, gender aware monitoring, good practices in GM as well as discussions on resistance to GM and how to overcome it. Furthermore, a short session explaining what gender mainstreaming is as well as EuroMed Rights commitment and documents on GM was held at the Staff Development Days (SDDs) in September 2017. All staff who participated in the trainings expressed having gained better awareness of GM as a result of the trainings, but also indicated that they should be followed up more regularly, deepened and generalized for all offices. Several staff also indicated benefitting from good cooperation with and support from the gender programme officer and encouraged more of this.

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<sup>6</sup> A Gender Focal Point is a person from within a solidarity or working group, elected or appointed by the rest of the members of the group to promote and support the GM efforts in the work and activities of the WG in collaboration with the responsible EuroMed Rights programme officer. This could be through initiating and facilitate discussions on how gender equality is relevant to and can be incorporated into the thematic area of work of his/her working group, supporting equal participation and promoting gender mainstreaming of products and activities of the group.

While some capacity building of staff did take place during the strategy period, the envisioned support to and capacity building of EuroMed Rights member organisations, enabling them to address gender inequalities in the EuroMed region, including through the use of good practices among member organisations, as requested by members in the 2015 Gender Audit, did not materialize. This was mainly due to the lack of financial and human resources dedicated to this specific task.

## Challenges at the organisational level

A major challenge at the organisational level is, that most staff feel that their theoretical and practical knowledge on gender mainstreaming is insufficient or outdated and therefore they **do not feel completely confident or capable of doing gender mainstreaming**. Other staff say that they do have the necessary knowledge and are acquainted with their gender mainstreaming responsibility, but that they **lack practice and forget to do it, because it is not institutionalized in their work**.

There also seems to be a **lack of internal communication, knowledge and information sharing on gender mainstreaming**, which many say that they would benefit from. In relation to this, many also expressed that the cooperation between the GWG and other WGs is nonexistent. Such a cooperation is crucial in order to enhance the knowledge level of the other WGs on how to integrate gender, particularly since the GWG has a tendency to gather all the organisations knowledgeable about gender equality and women's rights, while very few of these are attracted to other WGs.

Many staff as well as WGs also **do not feel accountable for gender mainstreaming**, since no follow-up or accountability measures are in place to monitor proper implementation. In addition, supervision and critical feedback on how to gender mainstream is not provided consistently.

Finally, a major challenge is the uncertainty at all levels of the organization about **who is responsible for gender mainstreaming** at each level (EC, staff, management, WGs etc.), i.e. what is **the division of tasks** between the different actors, as well as **what it means exactly in practical terms**.

### Challenges related to the Gender Focal Points (GFP)

Although the Gender Focal Point system has been implemented in most WGs and solidarity groups, several challenges remain with it. One of the main challenges is, that **GFPs are not active and involved enough**. This lack of involvement also seems to be linked to the **lack of clarity of their role and responsibilities** both to the GFPs themselves as well as to the WGs. Also, some GFPs found it challenging to push the agenda within the WG.

Some staff also highlighted that **turnover of GFPs has led to a lack of continuity** and a lot of lost knowledge while it also reflects the lack of commitment of the GFPs.

In some instances, having a GFP has also been somewhat **counterproductive**, as it has made other WG members **detach themselves from the collective GM responsibility** that they see as being delegated to the GFP.

## Progress at the program level

### Support to member organisations in gender mainstreaming

Generally speaking, least progress has been made in the area of supporting member organisations in strengthening their GM knowledge and capacity. Only few capacity building initiatives for members have been carried out during the strategy period. They include: a skype meeting with Algerian partners in March 2016 introducing EuroMed Rights commitment to and policies on GM as well as providing ideas for gender angles to human rights violations to be addressed in the Universal Periodic Review shadow report; a gender mainstreaming session in the Maghreb seminar on the Universal Periodic Review in October 2016 and a gender mainstreaming session at the Migration and Asylum WG meeting in February 2017. All the above initiatives received very good feed-back from participants but were short and superficial and thus to be considered more as awareness-raising than actual capacity building. It is also unclear – from the very superficial information given by members contributing to the audit – whether the work with gender mainstreaming in the working groups and solidarity groups have had any “spill over effect” to the work of members’ own organisations, in terms of strengthened gender awareness or actions for gender equality, as it was intended.

Targeted trainings for selected members and WGs as well as support to members in formulating their own gender policies – as envisioned in the strategy – also did not take place, mainly due to lack of financial and human resources to carry it out. Furthermore, the planned revision of the Gender Mainstreaming Reference Kit did not take place, due to lack of resources but also lack of consensus on the added value of such a revision.

### Gender mainstreaming of program work

When it comes to the gender mainstreaming of all EuroMed Rights programs, more important progress has been made. Concretely, Gender mainstreaming “packs”<sup>7</sup> (strategic/planning tools) for the Migration and Asylum; Palestine, Israel and the Palestinians (PIP); Egypt; Syria; and Algeria programmes have been developed, generally in collaboration between the gender programme officer, programme officer of the targeted program and the Gender focal points. These have contributed to a strengthened mainstreaming of gender into several of the above-mentioned programs, with the Migration and Asylum and PIP programs often mentioned as examples of good practice. Gender considerations have also increasingly been included in WG meetings and in a more systematic way than before. However, it continues to be challenging as some members argue that other issues have more priority than gender equality, and progress is thus made with baby steps.

During the strategy period, gender mainstreaming of internal planning and monitoring tools has also improved with the addition of a gender mainstreaming box or column in several of the planning, monitoring and evaluation (PME) tools. This has been combined with coaching of/support to programme officers by the Gender programme officer to promote the inclusion of GM indicators, linked to the objectives and actions planned in the different programme gender mainstreaming “packs”. However, this was only sustained during the maternity leave of the gender programme officer (June 2016 to April 2017), where additional human resources were dedicated to the work on gender mainstreaming (an extra half-time person). Since then, human resources have again been too limited to allow for a continuation of the support. However, the GM box/column in the PME

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<sup>7</sup> GM “packs” are 3-4 page documents outlining the gender angles and entry points for working on gender within the particular theme or country covered by the programme in question. The “packs” are narrowly integrated with the overall work strategy of each programme – giving particular gender angles to each strategic area of a given programme - and are prepared in collaboration with the programme officer, gender focal point and working group of each programme, when at all possible.

tools is not always used properly, while also indicating that gender awareness is an “add on” rather than something mainstreamed.

#### Gender mainstreaming of communication work

During the strategy period, gender mainstreaming of communication and publications has been strengthened and gender sensitive language applied, although it still isn't being done systematically everywhere. It also more often happens for big publications while not always for smaller ones. There has also been an increase in communication on women's rights related issues, particularly around specific dates such as 25 November and the 16 days of activism to combat gender-based violence, international women's day (8 March) as well as due to the campaign on the Istanbul Convention, which includes a dedicated website and specific communication activities.

Gender sensitive communication can, however, still progress, supported for instance by the elaboration of a “gender glossary” in English, French and Arabic to be used in all EuroMed Rights communication. Furthermore, more internal communication with and between working groups and members on the work and progress with regard to gender mainstreaming is needed and could be promoted i.e. via a dedicated GM section in the EuroMed Rights newsletter: something that was included in the gender mainstreaming strategy but never materialised.

#### Gender mainstreaming of advocacy work

Efforts have been made to gender mainstream advocacy work, mostly by adding women's rights related issues to advocacy recommendations and missions and by attempting to secure equal representation of men and women in advocacy missions and meetings, where possible. Mainstreaming gender into the advocacy work, however, still isn't systematic.

### Challenges at the program level

Gender mainstreaming is often perceived as **a time-consuming add-on affair at the end of an activity, publication etc.** and often reduced to an add-on phrase such as “including girls and women”. It is not done systematically, as previously mentioned, and **often done superficially or forgotten entirely**. According to a majority of staff asked, this is due to limited financial and human resources for gender mainstreaming.

Many staff members are also **confused and not well-informed about their responsibility** for gender mainstreaming and indicate that there is a **lack of clear division of tasks**, procedures and guidelines.

Some respondents also pointed out that **the Gender Mainstreaming Reference Kit (GMRK) is outdated** (from 2008) and that an update of the kit should be prioritized at the same level as other guides (ex. the advocacy guide, which is updated regularly). If updated, the GMRK **could also become an important tool in supporting staff** in their efforts to gender mainstream.

Despite the fact that the principle of gender balance and equal participation of men and women in activities of the Network is well integrated and actively promoted by staff, **unequal representation of men and women in advocacy missions and events continues to be a challenge**. Consequently, EuroMed Rights doesn't always manage to lead by example when it comes to equal representation. The main problem, as mentioned



previously, lies in the fact that men are often prioritized over women to participate in missions, and that most directors of member organisations are men, which affects the gender balance when high-level delegations are required or chosen. On the other hand, when it comes to women's rights related activities, only women are represented, which reinforces the stereotyping of gender issues being only a concern for women. In general, there seems to be **a tendency to only bring women to talk about women's rights and men to talk about general human rights**, while men are never brought to talk about women's rights or women to talk about other human rights issues. An example of this was the events organized in Brussels around the 50<sup>th</sup> anniversary of the Israeli occupation of Palestine in June 2017 where the high-level panel of member organisations consisted of only men, namely the male directors of the four, chosen member organisations. This led a Swedish MEP to decline to host an event with the delegation at the European Parliament, using the all-male panel as one of the arguments.

Gender mainstreaming also seems to be **an intangible and unclear notion** for many members and also for some staff. It has become somewhat of **a buzz word** that has been used so much that it has lost its meaning. For some, it is seen as **a term used for political correctness** rather than something tangible the Network does. One member even said: "Yes, we have to do it, but what does it actually mean?"

Some members, including EC members, also do **not see how GM internally in the Network benefits gender equality on the ground**. Often, it seems to them that EuroMed Rights staff becomes more specialised in GM while they do not and more importantly, while the gender equality situation on the ground deteriorates. This leads them to doubt the need for and added value of the many internal gender mainstreaming efforts and to disengage from them.

Another challenge is that certain **member organisations** don't consider GM relevant or benefitting their work. Others in turn, **understand GM as being about women's rights only** and consider this the responsibility of women's rights organisations.

Finally, there are challenges when it comes to **the capacity building of members on GM within the WGs**. It is unclear whether members of the WG are able to communicate the knowledge, input and skills acquired to their own organization, as it depends for instance on their position within the organization. Also, **some WGs struggle with continuity and turnover in their membership**, which means that capacity on gender mainstreaming in the group is lost and capacity building must start over again.

## LESSONS LEARNT

From the above analysis it becomes clear that EuroMed Rights has policies and strategies in place to guide its work on gender mainstreaming. However, the Network lacks a fundamental common understanding and vision at all levels of the organisations of what GM means, how it relates to the work on promoting women's rights and how the organisation should work to implement it in terms of division of roles, responsibilities and concrete tasks.

It also stands out that EuroMed Rights has been very ambitious – and maybe even too ambitious - in its gender mainstreaming strategy, while not dedicating the necessary resources – human and financial - to implement it.



Particularly the ambition to train and support individual member organisations in their own GM efforts, including the elaboration of gender policies and other gender sensitive organisational mechanisms has fallen through, due to the lack of dedicated resources. For the future, EuroMed Rights needs to define whether it lies within its capabilities to support individual member organisations in this way, or whether it should limit itself to building the capacity of its members to GM through the solidarity and working groups. In addition, EuroMed Rights should also look more into the expertise on GM of its members and how the Network can benefit from this, e.g. by bringing in their expertise and sharing it among members.

Despite its good intentions, and following the lack of common vision about GM, EuroMed Rights also has not managed to properly build the technical capacity of its decision-making bodies, working and solidarity groups, member organisations and staff to carry out gender mainstreaming and to accompany them in their implementation of the Networks gender mainstreaming commitments. More discussions aimed at clarifying the use of the concept, followed by regular trainings at all levels of the organisation but also supporting people's practice to create good habits is needed. This could be backed by systems such as check lists, guidelines etc. In addition, ways should be found to motivate EC members, staff and member organisations and make them more interested in GM, for instance by sharing good examples of the benefits of GM for gender equality on the ground.

Overall, communication and knowledge sharing about the gender mainstreaming work and efforts both internally as well as with member organisations and external audiences should improve, as it is essential for the sense of joint responsibility and commitment and can help promote enthusiasm and mutual inspiration.

Finally, accountability measures to determine to which extent EuroMed Rights actually "walks the talk" need to be strengthened. This could be facilitated by the allocation of a specific budget to GM, which would require a monitoring framework to be developed (including staff performance evaluation and feedback on gender mainstreaming) in turn leading to people being held accountable for delivering on the gender mainstreaming strategy.

In addition to these overall lessons learnt, more specific lessons learnt at the three strategic levels are reflected in the recommendations below.

## SUGGESTIONS

### Political level

EuroMed Rights should work to **ensure a common understanding** of the political and organisational goals of and approaches to gender mainstreaming among its staff, EC members and member organisations. Actions towards this should include:

- Preparing a discussion paper highlighting various possible approaches to GM
- Engaging the organisation in a discussion aimed at clarifying the ambitions and priorities with regard to GM

- Initiating discussions within the organisation on whether and how to include LGBTIQ rights and the question of intersectionality more clearly in future EuroMed Rights gender policies
- Clearly separate the work on gender mainstreaming from the work of the women's rights and gender equality programme in the new EuroMed Rights strategy 2018-21, placing the political responsibility for GM at the highest level
- Develop a new gender mainstreaming strategy and action plan based on the recommendations of the 2018 gender audit and consider revising the EuroMed Rights Gender Equality Policy Paper (GEPP) as part of this process

EuroMed Rights Executive Committee should **strengthen its knowledge and capacity on GM** and **increase its political commitment** enabling it to push the agenda forward. Actions towards this should include:

- Discussions within the EC of how to initiate a process of clarifying what GM entails for EuroMed Rights and on this basis, embark on GM initiatives
- Increasing the responsibility and accountability of all political referents (EC members) in the implementation of gender mainstreaming in their Working Groups and programmes
- Regularly discussing progresses, challenges and future steps in Gender Mainstreaming at EC meetings
- Providing EC members with the opportunity to take part in activities of the women's rights and gender equality program to better understand their work

**In this process, members' expected commitment to gender equality and gender mainstreaming** in the procedure of candidacy to the Network and to the Working Groups, should be better defined and **the selection of new members based on their gender equality work and profile improved**. It should also define and communicate more clearly what members can expect from EuroMed Rights in terms of gender mainstreaming and support to their gender mainstreaming efforts.

EuroMed Rights should **raise specific funds for and dedicate specific financial resources** in the EuroMed Rights budget, **to move forward with gender mainstreaming**, including capacity building and support to members and staff. This should also include considerations about **hiring a dedicated resource person (full-time or part-time employee or consultant) in charge of technical support for gender mainstreaming in the network** (support, monitoring, evaluation, training etc.) To facilitate this, EuroMed Rights should:

- Continue to highlight gender equality as a core value of EuroMed Rights and improving high-level communication on EuroMed Rights' commitment to gender equality to maintain credibility and facilitate fundraising efforts
- Establish clearer procedures for how to ensure gender mainstreaming of fundraising proposals

## Organisational level

EuroMed Rights should **enhance and further strengthen the Gender Focal Point (GFP) system** in its working and solidarity groups. Actions towards this could include:

- Consolidating the commission of the GFPs of the thematic/country working groups, enable them to meet twice a year and continue strengthening their relationship with the Gender WG
- Providing a separate space for GFPs on the EuroMed Rights webpage (an icon to click on) to provide them with visibility and guidance on their role
- Identifying and putting in place incentives (including trainings, legitimizing and compensating for additional time spent) for GFPs and WG members to be more active in promoting GM in their work

- Developing a timeframe/project plan for GM (beyond strategic directions) with clear action points/deliverables and accountability measures commonly agreed upon for each working group

**Clear procedures and guidance on the role and responsibility** of staff members, EC members, working group members and Gender Focal Points with regard to gender mainstreaming as well as clear indications of division of tasks should be established.

EuroMed Rights should **continue to build the technical capacity of staff on gender mainstreaming**. Actions towards this should include:

- Systematizing the induction of all new staff to EuroMed Rights' gender mainstreaming documents and commitments and ensure they understand their responsibility for promoting GM in their work
- Systematizing and increasing the frequency of staff trainings on GM and include discussions on challenges and best practices
- Facilitating an exchange of experience on GM among staff during the yearly Staff Development Days
- Including updates and discussions about GM more generally in meetings at secretariat level (i.e. programme department meetings, office meetings etc.)

EuroMed Rights should **include in its next gender audit (in 2021) an assessment of the daily work and support of member organisations to gender equality** in a context that is often hostile towards gender equality.

## Programme level

EuroMed Rights should **mainstream gender into all its thematic and country program strategies** for 2018-21, in line with the updated gender mainstreaming strategy, including an update of/elaboration of a supporting GM "pack". This would include **conducting a gender analysis** during the elaboration of the strategies.

EuroMed Rights solidarity and working groups should **further strengthen their GM efforts**. Actions towards this should include:

- Ensuring a proper handover of the GM efforts from the old to the new WGs following the General Assembly re-constitution of WGs
- Providing a gender mainstreaming training to all thematic and country working groups and having dedicated GM sessions at WG meetings discussing progresses, challenges and future steps in GM and appointing a Gender Focal Point for the group
- Working on supporting all WGs in finding a methodology for them to gather gender disaggregated data. This could include reviewing and updating the Gender Mainstreaming Reference Kit (2008), including in it a section on the collection of gender-disaggregated data
- Strengthening the collaboration between the Women's Rights and Gender Equality working group and other thematic and country working groups
- Promoting the inclusion of men in the Women's Rights and Gender Equality working group

EuroMed Rights should **reinforce accountability for gender mainstreaming** through:

- Systematizing the monitoring and evaluation of gender mainstreaming internally, including gender sensitive indicators at all levels of programming, monitoring and evaluation
- Gender mainstreaming funding proposals that subsequently have to be reported on

- Provide staff with critical feedback on their gender mainstreaming efforts, strengths and weaknesses for them to take responsibility and improve, i.e. through the yearly staff development review and general performance reviews

Based on the discussion and clarification of its ambitions with regard to GM (see recommendations in the “political level” section) EuroMed Rights should **identify and provide resources for a number of pilot-test projects/programmes within the network showcasing how gender mainstreaming can lead to greater gender equality on the ground**. Success stories and good practices from these pilot projects should subsequently be widely shared with members and outside audiences

EuroMed Rights could also **facilitate a platform for leaders of EuroMed Rights member organisations** (male and female) to discuss the importance of promoting gender equality and **support their inclusion of gender considerations in their organisation and work**

EuroMed Rights should continue its efforts to **mainstream gender in its communication work**, among other through the **elaboration of a “gender glossary” in three languages** to support gender sensitive communication. The glossary should be prepared by gender experts in the three languages and endorsed by the EC.

EuroMed Rights should continue its efforts to **systematize gender mainstreaming in its advocacy work** and promote **equal representation in its advocacy activities**. This should be done through **more systematically carrying out a gender analysis** when monitoring, documenting and advocating for protection against human rights violations.

EuroMed Rights should work to **gender mainstream its’ solidarity work**, i.e. by paying more attention to how best to address gender-specific human rights violations through solidarity actions