



GENDER MARKER MINI-GUIDE

Activities in Practice

WHAT is in this guide?

This practical guidance is to help teams use CARE's Gender Marker. It supports project teams to identify if their project is meeting the gender activities criteria of the Gender Marker, understand what the gender activities criteria in the Gender Marker means in practice, and share case examples.

WHO should use it?

Anyone supporting a CARE project! This includes CARE staff at project locations, country office, regional and CARE member partners involved in program management, design, implementation and monitoring.

WHEN should it be used?

Throughout the project lifecycle. To inform design of gender integrated or gender transformative programming, and throughout the project cycle to improve and reflect upon the intervention. Depending on the duration of the project (e.g., short-term emergency response; one-year project, multi-year project), teams should identify times throughout implementation (e.g., monthly, quarterly, semi-annually or annually) to reflect on how the project addresses gender. Using the Gender Marker, teams can assess progress along the gender continuum and identify areas for improvement and any action steps.

GENDER MARKER MEL CRITERIA IN PRACTICE

Below are the criteria from Columns A and B of CARE's Gender Marker Vetting Form. The columns allow you to assess your project's gender integration against the gender continuum (transformative, responsive, sensitive, neutral or harmful). The criteria to assess project activities are listed in each column.¹

¹ For more information and guidance on the Gender Marker, how to assess projects, and use the Marker as a learning and reflection tool, access the [Gender Marker Vetting Form and Guidance](#).

Activities Guiding Questions

COLUMN A

Projects will score 'Gender Harmful, Neutral or Sensitive'

COLUMN B

Projects will score 'Gender Responsive or Transformative'

Project Activities

To meet the Activities criteria in Column A, project activities need to: **i) address gender differences from the gender analysis.**²

To meet the Activities criteria in Column B, project activities need to **BOTH: i) address gender differences from the gender analysis; AND ii) advance gender equality ALL THREE domains of CARE's Gender Equality Framework.**³

THESE ARE THE GUIDING QUESTIONS TO ASK WHEN DETERMINING IF YOU MEET THE ACTIVITIES CRITERIA

Are the **project activities designed to meet the gender differences identified in the gender analysis?** Can services and activities provided by the project be safely and inclusively⁴ accessed by all participants?

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Can services and activities provided by the project be safely and inclusively accessed by all participants?

AND Are there **project activities to advance gender equality in ALL THREE dimensions of gender equality:**

1) Build individual agency; 2) Change gender relations; **AND** 3) Transform structures?

CRITERIA IN PRACTICE

- Adapt activities to meet the distinct needs of individuals based on gender, ability, age, and other dimensions of power⁵ identified in the gender analysis
- Design activities to be sensitive and respond to the needs and dignity of all participants, taking into account accessibility, safety, ability, timing and location of activities/services, and social norms⁶ that may restrict mobility of certain groups
- Put in place measures to mitigate any risks from participating in project activities, e.g., by developing GBV referral pathways/service mapping

- All the minimum criteria from A, a well as:
- Design specific activities that address **agency, relations AND structures:**
 - 1 Support individual agency: Example activities include training, awareness raising, critical self-reflection, and confidence building.
 - 2 Challenge gender and power relations: Example activities include couples' dialogues, inter-generational dialogues, and building solidarity amongst women and girls.
 - 3 Transform structures in order to promote gender equality⁷: Example activities include Community Score Card to improve systems and services, community events that surface and challenge harmful gender norms, and quotas or other interventions that enable women to enter formal decision-making bodies.



TIP

People experience diverse forms of marginalisation depending on their gender, class, ethnicity, age, sexual orientation, able-bodiedness or other factors. This is known as "intersectionality". Activities should go beyond the Gender Marker's minimum requirements and overcome the barriers created by each form of marginalization, for instance by jointly planning activities with a diversity of marginalized groups. Activities may help adolescents access information about services, but bias on the part of service providers may present another barrier. Projects can include reflective dialogue activities with service providers to address their bias in addition to users' lack of information.

Case example 1 (criteria in Columns A met, but not B): Project Green is focused on maternal health. The gender analysis identified social norms that undermine maternal health, such as norms that married couples should produce as many children as possible and right after marriage, even if the bride is still a child. Analysis also reveals that husbands and older female relatives have a strong influence on all aspects of wives' sexual and reproductive health decision-making. Project Green has activities to build women's and girls' knowledge about reproductive health and family planning services, but does not work with husbands or female relatives. The gender analysis found that girls from a particular minority ethnic group are less likely to access prenatal health services due to distance and discriminatory attitudes by providers. Project Green includes activities to deploy mobile clinics staffed by female community health workers to reach all pregnant women and girls for prenatal check-ups. These community health workers have been trained to provide SRH services in a gender-sensitive manner, addressing provider bias and attitudes.

Case example 1 (criteria for column B met): Case example 1 (criteria for column B met) After using the Gender Marker, in addition to the above, Project Green adds additional activities to support the agency of women and girls to access prenatal services through support and education peer discussion groups on maternal and newborn health. To change relations, Social Analysis and Action (SAA)⁸ dialogues are held with older female relatives, husbands, and other influential community members to discuss harmful social norms, and dialogue sessions for participants on gender and power dynamics in regards to sexual and reproductive health are held for men and boys and women and girls as well as with couples together for certain sessions. The Community Score Card (CSC)⁹ is added to improve accessibility and quality of maternal health services in existing clinics to transform structures.

Case example 2 (criteria in Columns A and B not met): Project Orange is a water, sanitation and hygiene (WASH) project. Routine monitoring reveals that only a few women are involved in water user committees, and they do not participate actively at the male-dominated public meetings. Municipal WASH technical staff are all male, and tend to speak only to other men in the village about WASH planning. Water and sanitation facilities are located at a far end of the village, and elderly and disabled persons can not easily access facilities. Girls often miss school when they have their periods.

Case example 2 (criteria for column B met) In its second year, Project Orange designs water and sanitation facilities that are physically accessible to all, located in central and well-lit areas. A diversity of women (elderly, youth, widows and single mothers) are trained and then engage in leadership of water committees and community management groups (agency). At school, girls and boys receive menstrual hygiene education, and facilities are installed so that girls can change and wash themselves during their periods. The project works with community management groups to ensure and track that the voices of newly joined women are heard and influence decision making. Men and boys take on WASH-related household tasks after participating in regular gender dialogues with men, women, boys and girls that reflect upon gender expectations, household roles and responsibilities, and masculinity/femininity (relations). Project Orange builds the capacity of municipal government and civil society actors to consult with diverse community members and deliver inclusive WASH services (structures).

2 Gender analysis is a type of research that identifies key issues contributing to gender inequalities, many of which contribute to poor development outcomes. Tools for gender analysis are available at gendertoolkit.care.org – start with the **Good Practices Framework for Gender Analysis**.

3 See **Gender Primer** and **Gender Equality and Women's Voice Guidance Note** for models and examples.

4 Inclusion means that all people, regardless of their abilities, health care needs, gender, age, socioeconomic status, religion, ethnicity, caste, etc. have the right to access services on an equal basis with others. Inclusion rests on the belief that everyone has a basic right to participate fully in society.

5 **Power** can take many forms, and other examples include economic status, geographic location, educational attainment, marital status, refugee status, ethnicity, sexual orientation, religion, caste, etc.

6 Social norms are the implicit rules of behavior within a group about what is typical and appropriate.

7 See **GEVW Guidance note** for additional examples of activities to address agency, structures and relations.

8 **Social Analysis and Action (SAA)** is an approach developed by CARE for working with communities through regularly recurring dialogue to address harmful social norms.

9 **Community Score Card (CSC)** is a participatory, community-based monitoring and evaluation tool developed by CARE that enables communities to assess the quality and appropriateness of services such as health service provision, schooling, water and sanitation, and emergency response.

Does your team need more technical assistance on gender and MEL?

The Global Gender Cohort can help! Contact elizabeth.cowan@care.org for more information.

Want more information on the CARE Gender Marker?

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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 87 countries and reached 82 million people around the world. To learn more, visit www.care.org.