



gender

Transformative Change

FLAGSHIP APPROACH



Gender Transformative Change

Flagship Approach

CARE INDIA

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Gender Transformative Change (GTC) - Flagship Approach

Purpose of the Document

CARE India is committed to work towards equality for girls and women in society, especially our girls from the most marginalized Dalit and Adivasi communities. In our endeavour to attain gender equality and equity, we need to address the root causes of gender discrimination and transform the societal norms and attitudes in favour of a more gender equitable environment. CARE India This can be done in a sustainable manner through Gender Transformative Change (GTC) approach.

The overall goal of the GTC flagship document is to bring together a common understanding around the approach and methodology to streamline and integrate gender into various programs and projects (existing and new) and also define and set guidelines for impact measurement of the gender transformative change process.

This flagship document envisages to bring a synergy between CARE India's Strategic Program Framework (SPF) and its commitment to gender equality and equitability. The two broad programs (Dalit and Adivasi) are delivered through various projects and the impact on these two long term programs is measured through the various project outcomes and impact. Since the projects pre-dating SPF do not necessarily integrate GTC approaches and interventions, they are also found to lack appropriate indicators to measure the success of the projects towards achieving gender equality. Thus, corresponding to the integration of GTC approaches in CARE India's projects there will be the need to evolve and integrate GTC based indicators and tools in the projects' monitoring, evaluation and learning (MLE) systems.

This flagship document aims to:

1. Act as a user friendly guide for CARE India project teams and support units at Hub and CIHQ to understand and work around gender in our projects.
2. Compile various terminologies and concepts used for gender related work in CARE world and our projects to reach a common and wider understanding around these concepts.
3. Define set of guidelines and tools for integrating gender transformative approach into projects.
4. Define a set of non-negotiable GTC indicators for each sector.

Why are we Talking about Gender Transformative Change?

To understand Gender transformative change as an approach, it will be good to understand the Gender Continuum in detail.

CARE's commitment towards gender transformative change

The CI Gender Policy and CARE 2020 Vision are explicit in their focus on gender equality for both humanitarian and development programming. Gender equality requires a transformative change approach

which seeks to transform gender roles, alter structures that maintain inequality and promotes gender equitable relationships between men and women. While there is a wide recognition in development sector that all programming work should be at the minimum gender sensitive, CARE has a commitment to be – whenever possible – gender transformative (i.e. to shift the balance of power in gender relations so it is more equally shared). A gender transformative approach is different from a gender sensitive approach.

A gender sensitive programme will respond to the different needs and constraints of individuals based on their gender and sexuality. These activities significantly improve women's (or men's) access to protection, treatment or care. But by themselves they do little to change larger contextual issues that lie at the root of gender inequality. While it is essential for CARE programming to be gender sensitive, this is not sufficient to fundamentally alter the balance of power in gender relations.

Key Elements:

What is sex?

The biological characteristics (including genetics, anatomy and physiology) that generally define humans as female or male. These biological characteristics are not mutually exclusive, however, as there are individuals who possess both male and female characteristics. For example, the fact that only females can have babies is related to their sex.

What is Gender?

Gender is more than biological differences between men and women, boys and girls. Gender defines what it means to be a man or woman, boy or girl in a given society – it carries specific roles, status and expectations within households, communities and cultures. The traits and characteristics associated with gender differ from culture to culture, may vary within cultures, and evolve over time. These differences mean that: individuals face different situations as to what economic, social and political opportunities are open and accessible to them, and what status they hold within economic, social and political institutions. Examples include:

- Cultural norms concerning women's mobility or women's reproductive (care-giving, household maintenance) roles may limit their ability to take part in the workforce or participate equally in decision-making processes at the community or broader levels;

Gender Statistics at a Glance

- Only 19% women are employed in non-agricultural sector in India. (2010)
- Only 11% women hold seats in the national parliament in India. (2014)
<http://datatopics.worldbank.org/gender/country/india>
- Over 96% of sterilizations in India are Tubectomy.
- Only 26% women have formal bank accounts in their name in India.
- Only 7% women are on the board of listed companies in India.
- India ranks 101 out of 136 countries in 2013 Gender Gap Index.
http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf
- WHO research shows that worldwide more than 75% of people displaced in disasters is women and children.
- In 1991 cyclone in Bangladesh which killed 140,000 people, 90% of dead were women. (Neumayer and Plumper, 2007)
http://www.wikigender.org/index.php/Women_and_Disasters

- Men often face community pressures/expectations that prevent them from breaking harmful gender norms (gender related social norms which have a negative impact on either women or men or both), and sharing roles or responsibilities more equitably within the household. (Example: more percentage of male farmers committing suicides due to gender biased socialization and expectation which puts the responsibility of rearing family only on men. Example: women eating food in lesser quantity and quality due to gender biased socialization that they have to sacrifice their own needs for better health and nutrition of children and husbands...which is one of the causes of higher percentage of anaemia among women as compared to men.
- Where marriage norms mean women and girls lose membership of their natal kin to join that of their husbands, parents may prioritize investment in sons who are expected to remain with and support the family.
- Men, women, boys and girls are affected in different ways by policies, interventions and changing environments, based on their unique experiences, priorities, social norms and their relationships with others. Examples include:
 - Deteriorating natural resources may disproportionately affect women and girls who must then travel farther to gather firewood or water, adding not only to their workloads but also increasing their risk of assault;
 - Economic development programs that only target women and girls to the exclusion of men can aggravate gender tensions within households, especially where men are expected to provide for the family and have been unable to fulfil these duties in difficult economic environments; and
 - Enrolment campaigns designed to increase girls' participation in school can set girls up for failure if they don't address discriminatory practices in schools, communities and domestic workload issues at home.

Source and further reading: <https://www.care.org.au/wp-content/uploads/2015/02/Good-Practices-Brief.pdf>

What is Sexual orientation?

Sexual orientation refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one's own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals). For details please refer to the following link:

<http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>

What is gender identity?

Each person's deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means). Because gender identity is internal and personally defined, it is not visible to others. For example, people born biologically female are likely to identify as a woman, but sometimes they think of themselves as men (whether or not they dress, behave and so on as a man). A person whose gender identity does not match his or her biological sex may or may not choose to identify as transgender, which is an umbrella term reflecting a broad spectrum of persons experiencing their gender in different ways.

What is Gender equality?

Gender equality or equality between women and men - refers to the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. A critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances. Equality does not mean that women and men are the same but that their enjoyment of rights, opportunities and life changes are not governed or limited by whether they were born female or male.

What is Gender equity?

Gender equity is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality. For example: if a family of four (husband, wife and two children) has a plate of rice, then equal distribution would mean dividing the rice equally among all four irrespective of their needs and capacity. This would be equality. But if the wife in the above example is pregnant then her calorie requirement is more than a normal adult woman and thus equal distribution will not be justice. In this case food has to be distributed in such a way that it takes care of the nutrition requirement of all family members based on their age, sex, life stage and special needs.

Women's Empowerment (WE)?

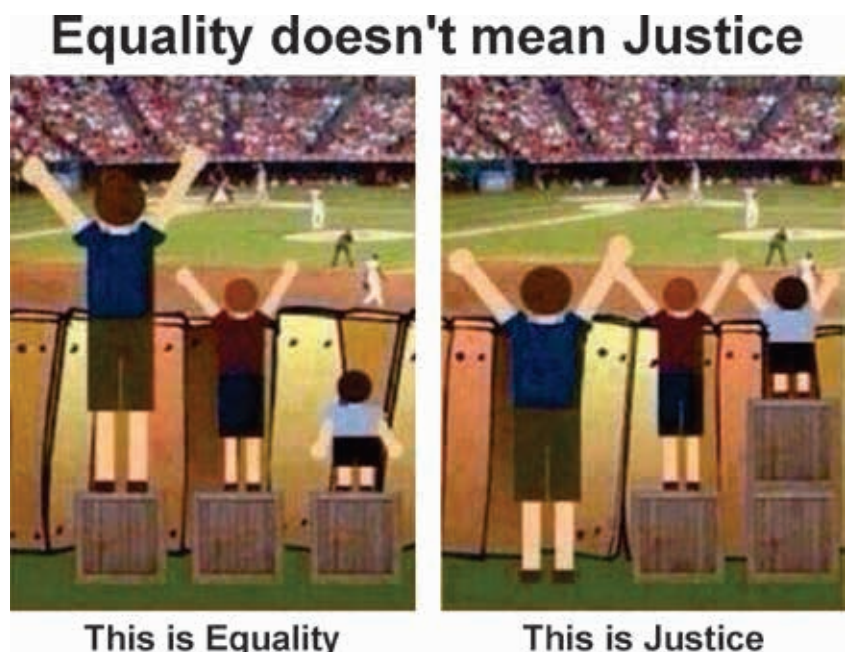
CARE understands that it takes much more than simply including women in its projects to make progress towards women's empowerment and gender equality. CARE's current theory and framework for women's empowerment grew out of research and reflection undertaken during the multi-year *Strategic Impact Inquiry (SII)*.

What is Strategic Impact Inquiry (SII) Framework for Women's Empowerment (WE) and why is it significant for gender integration into our programs?

The SII was a systematic, organization-wide assessment of CARE's programming aimed at deepening our understanding of the impact of CARE's work and factors contributing to women's

empowerment and gender equality. Based on this and other work, CARE defines women's empowerment as the **combined effect of changes** in:

- A woman's own knowledge, skills and abilities to act on one's choices, ability and capacity for decision making – Agency



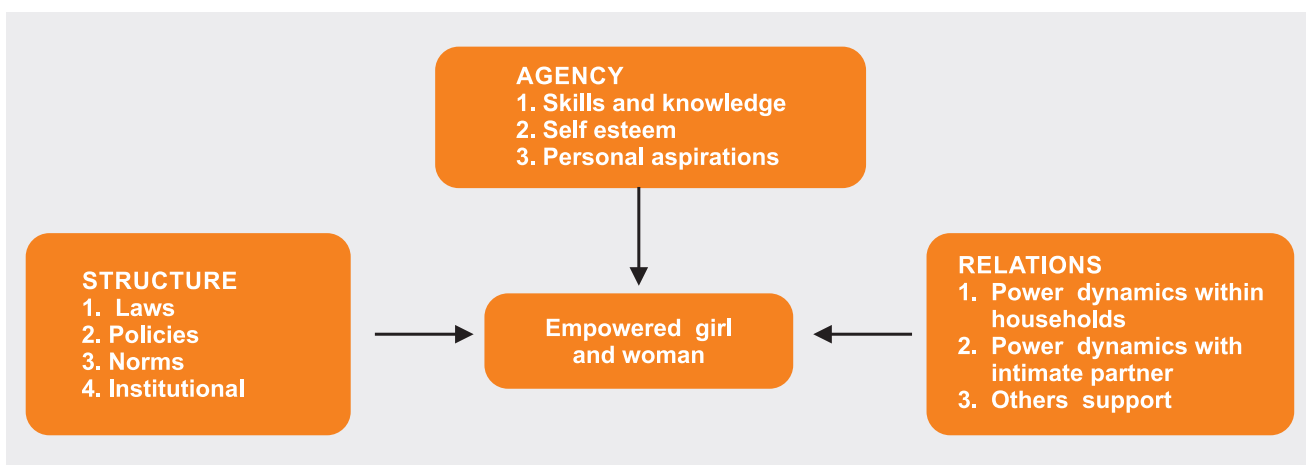
- The societal norms, customs, institutions and policies that shape her choices in life – Structures
- The power relationships through which she negotiates her path – Relations

Women’s Empowerment (WE) Framework:

For a program to really bring about sustainable equality and equity in gender norms, gender relations and gender dynamics, it has to look at all the above-mentioned components of the SII framework. This comprehensive involvement of all factors influencing gender norms and women’s empowerment and guides in framing policies and strategies. Every project will have to do a detailed situational analysis to understand the interplay of factors affecting the agency, structure and relations for women and girls. This analysis will inform the areas of intervention and the stakeholders and influencers (who might not be only women and girls). To work around the SII framework, the project will have to work with different and various players in the society which affect the gender norms, beliefs and practices.

Source: Good Practices Framework, Gender Analysis- CARE International Gender Network Source: Caro D. 2009; Global Fund to fight AIDS, Tuberculosis and Malaria. Global Fund Strategy in relation to sexual orientation and gender identities. Washington DC: Global Fund;

Women and girls are not at a lower stature in the society because of their sex or biological differences. The condition of women and girls is poor because of socio economic and cultural norms, rules and restrictions imposed upon them inter-generationally. This has historically denied them equal opportunities for education, health care, economic and political participation and public spaces. This



inter-generational denial of equal opportunities has led to gender based discrimination across various sectors. At this point of time, a gender equitable approach to our programming needs to be centre place to bring women and girls at equal platform with the rest of the society. Once this equality is achieved through “positive discrimination”, only then equality will lead to actual equal growth and development for all segments of the society.

What is gender integration?

Strategies applied in program planning, assessment, design, implementation and M&E to consider gender norms and to compensate for gender based inequalities. For example, if a project conducts gender analysis to understand the root cause for low enrolment levels among girls and incorporates the results into its objectives, work plan and M&E plan, it is undertaking a gender integration process.

What is Gender Continuum?

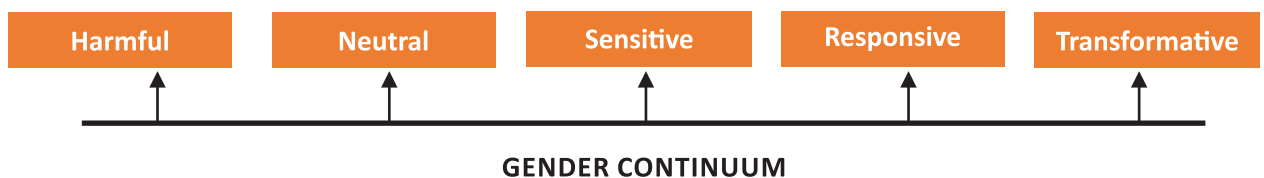
To guide development and humanitarian programme teams to understand their approach to gender, CARE has a conceptual tool known as the Gender continuum. The tool categorizes approaches by how we treat gender norms and inequities in the design, implementation and evaluation of our programmatic initiative.

Gender harmful:

At the far left of the continuum, the terms *gender harmful* refers to program approaches reinforcing inequitable gender stereotypes, or dis-empowering certain people in the process of achieving program goals.

Example: an example from education area:

A school for the children of a particular village, does not have separate toilets for girls, does not have female teachers and requires children to walk on lonely stretches for one hour to reach the school. This discourages more adolescent girls to go to school especially during menstruation due to lack of privacy. Also parents start holding the girls back from school in senior school as they do not feel comfortable without presence of any female teachers. Thirdly safety and security concerns stop the adolescent girls from walking up to the school through the lonely stretch. Thus the very location, staffing and sanitation facilities of the school make it a “gender blind” school as it does not take care of the gender related issues faced by girls in the community, leading to lower levels of attendance and a high drop out among girls.



Gender neutral:

Program approaches or activities do not actively address gender stereotypes and discrimination. Gender- neutral programming is a step ahead on the continuum because such approaches at least do no harm. However, they often are less than effective because they fail to respond to gender-specific needs.

Example: in the above example, the school would be gender neutral if the school has open policy for admission of both boys and girls without any reservation or discrimination. The school is open to admitting both boys and girls. But as a result, more boys than girls would enrol than girls because of underlying factors like less importance of girl’s education, girls managing household chores etc. since the school does not make any specific efforts to address the gender based discrimination faced by girls to reach the school, it is “gender neutral”

Intervention to increase senior school enrolment which says “free education for all children”, is neutral to the sex of the child (boy or girl). It emphasizes education being free for children irrespective of it being boys or girls. But girls’ low enrolment rate is not only due to fee, thus despite the free for all policy, fewer number of girls enrol as compared to boys. The issues of toilets

(especially during menstruation), safety and security issues while travelling to school or attending school, early marriages and household chores burden and many such issues need to be addressed for girls to attend school. Gender neutral interventions do not address the root causes of gender discrimination.

Gender sensitive:

Program approaches or activities recognize and respond to the different needs and constraints of individuals based on their gender and sexuality. These activities significantly improve women's (or men's) access to protection, treatment, or care. But by themselves they do little to change the larger contextual issues that lie at the root of gender inequities; they are not sufficient to fundamentally alter the balance of power in gender relations.

Example: taking from the example above, the school may decide to take note of the fact that fewer girls are coming to school and thus take care of some sensitivities like separate toilets for girls, flexible timings for girls, provision of sanitary napkins in schools for girls, free education for girls, free books and scholarships for girls, bicycles for girls to commute to school etc. these activities do not address the reasons of the gender inequities.

Gender responsive:

Program approaches or activities help men and women examine societal gender expectations, stereotypes, and discrimination, and their impact on male and female health, education and relationships.

Example: Taking the above example further, Life Skills is integrated into the school curriculum and it encourages both boys and girls and teachers to reflect upon the gender based discrimination in the school and community. This would make the school environment more comfortable for girls to participate equally and at the same time help both girls and boys to reflect upon the existing gender differences.

Gender transformative:

At the far right of the continuum, the term gender transformative refers to program approaches or activities actively seeking to build equitable social norms and structures in addition to individual Gender-equitable behaviour. GTC approach refers to program approaches or activities that seek to build equitable social norms and structures in addition to individual gender-equitable behaviour. Program approaches or activities actively seek to build equitable social norms and structures in addition to individual gender-equitable behaviour.

Example 1: Continuing with the same example as above, in addition to Life skills for both girls and boys, there is active engagement with the other stakeholders in the community to understand and challenge gender discriminatory norms and practices. The PRI representatives are engaged to discourage any discrimination based on gender (schooling, health access, livelihood opportunity, political participation etc.). The school teachers are trained on challenging inequitable gender norms and practices. The parents and significant community stakeholders are involved in taking up the issue of girl's education, equality of opportunity inside and outside school, safety and security issues.

Parents groups, children's groups, teacher's group network together and with external agencies to challenge and change gender discriminatory practices. The engagement with the education department to be a part of the process of making the schooling system more inclusive and equitable. All groups come together to take up necessary advocacy issues to remove gender based discrimination in education of girls.

There are some more examples of Gender transformative change in some other projects, which are illustrated underneath:

Example 2: Instituto Promundo's Program H and Engender Health's Men as Partners Program both encourage groups of people to work together at the grass roots level to foster change. The curricula for these programs use a wide range of activities – games, role plays, and group discussions – to examine gender and sexuality and their impact on male and female sexual health and relationships, as well as to reduce violence against women.

Example 3: an example from STI related intervention among sex workers in India:

A project carried out by CARE in Sonagachi, a red-light district in Calcutta, India. Initially designed to reduce the level of STIs and increase condom use among sex workers, the program expanded to empower sex workers by enabling them to control their own lives and solve their own problems, as both a goal in itself and as a way to prevent the spread of HIV. This program became transformative when it began organizing a network of people and agencies in India to proactively engage in political debate about the rights of sex workers.

Example 4: an intervention for preventing gender based violence:

The EMPOWER program in Benin provides support to women affected by gender based violence; the program works not only with women providing them legal assistance and safe havens, but also with the judiciary, the police and law makers to ensure that cases are dealt with sensitively and effectively, ending years of systemic impunity for GBV in Benin.

Source and further information on Gender Continuum, please refer to the following link: <http://pqdl.care.org/gendertoolkit/Pages/gender%20continuum.aspx>

The gender continuum is a dynamic process where projects and interventions keep shifting from one stage to the other with intervention type and scale. A project might be gender sensitive to begin with but over a period of time with constant ongoing monitoring, evaluation and relevant inputs, projects can move along the continuum from sensitive to responsive to transformative.

It is a good idea for projects to do an internal assessment to see where a project lies on the continuum. Based on an understanding about the intervention inputs at a particular stage, the project team can assess and plan a strategy to take the project towards a gender transformative stage.

For example: to respond to the problem of anaemia among adolescent girls and women, an organisation can partner with the ongoing government program to distribute and popularise the distribution of Iron Folic Acid (IFA) tablets. This will help in increasing the level of haemoglobin in blood and improve the level of women and girls affected by anaemia. On the onset, this intervention confirms more to Gender Sensitive intervention as it is responding to the specific health related

issue which is affecting more women and girls than men and boys. Since IFA distribution will only address the symptoms of Anaemia and will not address the root cause of anaemia, it will improve the haemoglobin levels in the women and girls who consume it. This intervention does not address the root cause which is inequitable distribution of nutrition within households. To make this intervention move from gender sensitive to gender transformative, the project will also need to address the root cause of anaemia here. Thus the intervention will cater to women and girls for IFA distribution and simultaneously also engage with all stakeholders and influencers in the community including men and boys, women and girls, elderly family members, frontline workers (**ASHA, AWW, ANM**) and other influencers. These groups will be engaged with to reflect and discuss upon the gender discrimination in nutrition at household level. Through this discussion, both women and men will be facilitated to challenge their own gender discriminating attitudes and practices around nutrition. Continued engagement with community on this issue would eventually lead to a change in attitudes and behaviour of both women and men around gender and nutrition, leading to equitable distribution of food and nutrition in households and also improvement in other dietary practices. This changed or rather transformed attitude, belief and practice around food intake and nutrition for women and girls will lead to reduction in anaemia among them and promote gender equitable distribution of nutrition and food within households.

The example above outlines how a gender sensitive intervention can be scaled up to make it gender transformative.

Salient features of Gender Transformative Change (GTC) Approach:

- Gender transformative change approach requires time and persistent dedication, as there is a need to engage with a wider audience and help them reflect repeatedly on social and gender norms which have been followed without much questioning and challenging. Such norms take time to be addressed and require a longer time to show results across generations.
- GTC requires all stakeholders and key influencers to be addressed on the issue of gender related norms around the area or theme of interest (health, education, livelihoods or all integrated)
- Engaging with all stakeholders and role of positive deviants in the society if channelized and facilitated constructively, can amplify the outcomes of GTC.
- Identifying enablers should be a conscious effort to have a meaningful dialogue with the community at various levels.
- Give sufficient time for the GTC related changes in the Agency, Relations and Structure of women, as these transformations and changes will require time.
- Gender transformative change would imply changes in the lives of individuals, family relationships and community, leading to transformation in social norms which are repressive or discriminatory.

Template for Analysis and Action

How to integrate gender into projects?

Based on the gender analysis using Women's Empowerment (WE) framework and joint consultations with the project teams, the following steps can be undertaken to integrate gender transformative change related approach in the existing projects. Gender analysis with WE framework implies that a detailed situation analysis is done prior to designing the project. This analysis should be able to reflect upon the present state of women and girls with respect to their:

1. Agency (skill and knowledge, self- esteem, personal aspirations),
2. Structure (laws, policies, norms, institutional practices)
3. Relations (power dynamics within households, power dynamics with intimate partner, other's support).

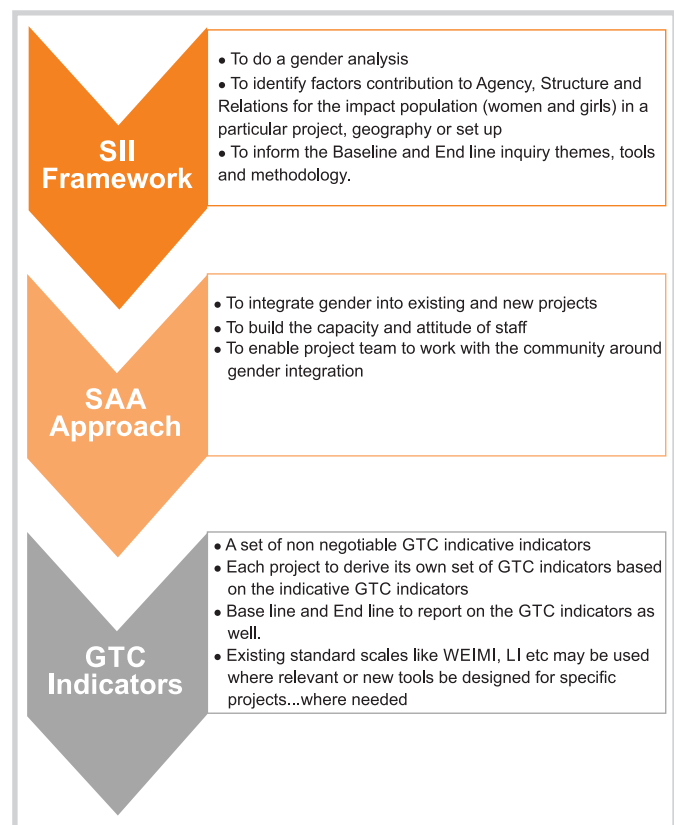
These steps confirm to the **Social Analysis and Action (SAA) Approach**, which is an approach to bring about gender transformative changes in the lives of both women and men. This is done through a continuous process of Reflection, Challenge, Exploration and Learning.

What is Social Analysis and Action (SAA) Approach and how do we do it?

The Social Analysis and Action (SAA) Approach used by CARE in the past was used to build institutional capacities for addressing gender. The SSA model conceptualises a pathway of learning and change wherein the first step is to facilitate reflection among the staff on how a given issue maybe impacting a project outcome. The next step is to facilitate a similar reflection within the community, so that they too become aware of how norms and practices maybe promoting discrimination against certain groups. The community and project staff then jointly plan what actions can reduce this discrimination and implement these actions. The results of these actions are then evaluated to assess what changes have occurred as a result of the same.

SAA can be integrated into community based program cycle through five basic steps:

STEP 1: Transform staff capacity: This foundational step is intended to prepare the staff to experiment with the SAA approach. This step is more than building capacity where it talks about



transforming staff capacity around gender by encouraging staff to reflect upon their own gender related biases and prejudices. Strengthening the ability of staff to self-reflect, communicate and facilitate is the beginning of the social transformation. Thus CARE’s addition to the program cycle reflects the commitment to stimulating personal change prior to doing so with communities.

STEP 2: Reflect with community: This is the first step in building trust with communities and exploring how social factors influence their health, education, livelihoods and social needs, in encouraging their voice and agency, in engaging the most marginalised or vulnerable, and redefining the community’s relationship with CARE as the outside facilitator.

STEP 3: Plan for action: This step occurs when community members begin to consider how to actually address key social factors impacting their health, education, livelihood and personal-social sphere. This happens when they weigh both assets and challenges, manage conflict, and when they further exercise leadership by committing to address social realities and inequalities.

STEP 4: Implement plans: This happens when CARE pools its resources with those of the community and continues to create space for dialogue, and when community members might initiate activities outside of

STEP 5: Evaluate: Evaluation takes place when CARE and the community use simple, effective and reflective methodologies to determine if transformation is taking place, when we look for anticipated and unanticipated changes, and when CARE works with the community to readjust plans in light of emerging information and reflection.

Analysis-action-reflection cycle occurs many times throughout a program’s timeframe, providing many opportunities for integrating SAA approaches into our work. SAA activities need not necessarily start at the beginning of a new project. The SAA activities can be initiated at any time during the project cycle.

Why only SAA approach?

There are various models and approaches to promote Gender transformative changes and each has its merits over the other. CARE India projects work in the field of health, education, livelihoods and disaster preparedness. In development projects, the impact population is women and girls and to bring about any sustainable positive changes in the agency, structure and relations, we need engagement with the impact



population along with key stakeholders and influencers. This comprehensive engagement with all concerned groups creates a platform for sustainable changes in the gender related attitudes and perceptions of the individual and the society. Gender related norms and practices are formed with a long and complex process of gender socialization and internalization. It is proven by various studies and pilot interventions that SAA process engages with all the stakeholders and influencers in a way which creates a suitable environment to reflect, challenge, explore and learn around gender related restrictive norms and issues. This is a process which will be anchored by CARE team and taken forward by community involvement. The process is thus “bottom up” rather than “top down”, which creates more room for community participation (impact population and stakeholders) and sustainability.

For the specific needs of CARE India projects, SAA approach has also been modified here in the following steps to include small details of operationalising gender in a project which is new and the projects where gender is being integrated at a later stage. Many tools which form a part of this document, have been borrowed from other projects or approaches apart from SAA. Since the driving approach is REFLECT- CHALLENGE- EXPLORE- LEARN, all the steps have been fine-tuned around this process.

SPECIFIC TOOLS AND ACTIONS:

Steps to integrate gender into existing projects.

What do we mean by an existing project from gender integration point of view?

- A project which is already in the implementation stage and has at-least a minimum of one and half to two years before end of interventions.
- A project which may or may not have gender transformative change related budget allocations.
- A project which may or may not have a baseline capturing the gender transformative change related baseline information/ and gender and sex disaggregated data.

Some common issues that may crop up in the course of post design integration of gender:

- **Donor interest and inclination towards gender related outcomes:**
- It would be a good idea to keep the gender integration as closely weaved into the design as possible.
- One way of doing it would be to engender all the activities in the project and show the budget in gender responsive manner. This ensures the same set of activities and budget but detailed out in a gender disaggregated and gender responsive manner. Example: in nutrition project- earlier decided to have monthly meetings with mothers and family members to discuss on child malnutrition and ways to tackle it. Gender integration without adding a new activity would mean discussing gender discrimination related nutrition practices for boys and girls, lower nutritional status of women...in addition to technical information around nutrition. This will require building the capacity of the staff to engage with groups on issues related to gender.
- If there is donor inclination, then the gender integration could look at streamlining the intervention with few more activities which cater more comprehensively to gender goal. This may increase the budget for the project.

- **Project team's attitude towards gender integration:**

- Teams may find no relevance to integrating gender at a later point, due to prior orientation and ways of working in the project or they may be too tied up with the pressure to deliver on the agreed upon deliverables. SAA based staff capacity transformation should be the first step to integrate gender as this will build a good foundation for the team's commitments towards gender.

- **Impact on deliverables:**

Transforming staff capacity and integrating gender into the Detailed Implementation Plan (DIP) of the project, makes it easier for the implementation team and support units to understand and manage deliverables. A GANTT chart with the DIP would be a good way to begin this.

- **GTC integration into DIP:**

The next step after building staff capacity on gender, is to see that the team is able to understand gender related dynamics and outcomes in the project area and are able to design and deliver projects which are deliberately trying to address unjust social and gender norms. Our experience with gender capacity building has indicated that capacity building clarifies a lot around gender and helps teams understand gender in their work. But it does not make gender "operational" in the sense of implementation. Gender still remains more of an activity than becoming a 'gender lens' in the entire project cycle. One of the challenges identified during the gender capacity building is that teams are unable to understand "how to translate the new found understanding of WE framework into our projects". Since every project and geographical area is different with its own specific needs and challenges, the strategy to bring about gender transformative change has to be tailor-made.

The above mentioned challenges can be addressed by linking up the capacity building with the project's detailed implementation plan, to bring more clarity. GTC integration needs to be carried out with the entire project team using SAA manual for capacity building and skill enhancement, followed by GTC integration into DIP of the project.

These GTC integrated DIPs need to be tracked on a monthly, quarterly basis and should be done with the entire team during the monthly meeting of the project teams.

GTC integration into the DIP of the project has the following advantages:

1. GTC integration into DIP takes place followed by the gender related capacity building of the team. Brings clarity in the implementation team on each activity and its role in influencing women's Agency, Structure and Relations leading to higher degree of empowerment for them.
2. Brings focus on the GTC milestones to be tracked for each activity on a quarterly basis.
3. Helps the team to convert the difficult to measure GTC related changes into tangible GTC milestones.
4. Helps in ongoing monitoring for the M&E team and other technical support teams to provide relevant inputs based on the performance of each milestone.

Steps to do gender integration into the DIP:

1. The most important part of the exercise is that it has to be facilitated in such a way that the implementation team does this entire exercise themselves. This will ensure a better

understanding and appreciation of the reasons and ways of bringing about gender transformative changes in the community.

2. The team needs to do a root cause analysis of the issues the project is addressing in the geographical area and socio-cultural context. This has to be done as part of the SAA training and should be finished before GTC integration exercise.
3. To understand mobility, access and control related challenges for women and girls, the teams also need to do a “safety- security” and mobility mapping of women, girls, children and other vulnerable groups in the community as part of the SAA training.
4. Do an analysis of the project goals, objectives and the activities as mentioned in the original project proposal to see whether all the activities are aligned to address the root causes of gender related discrimination as identified in the exercise at step 2. If not, then additional activities may be added or existing activities may be modified to ensure that we are able to take into account or address these root cause to the extent possible for the project and budget allocation.
5. **Aligning the Detailed Implementation Plan (DIP) to the Women’s Empowerment (WE) framework-**
 - i) Discuss the outcome of each activity on the women’s empowerment components of Agency, Structure and Relations of the impact population.
 - ii) Detail out the agency, structure and relations level outcomes as “milestones” spread across “quarterly milestones”.
 - iii) Quarterly GTC milestones help the project team to visualize the effect of a particular activity on the women’s empowerment framework components spread across the year or the lifetime of the project. It also helps the team to track each activity for the effect on the progress on gender transformative changes.
 - iv) Against each activity, please mark the person responsible for the delivery of the milestone. But the overall responsibility of the delivery of all GTC milestones, rests with the Project Manager (PM).
 - v) Since the DIP already has the timelines for each activity on a monthly basis, it is an excellent tool for ongoing monitoring of the gender transformative changes occurring in the lives of people. This also helps to track the social norms and structure level changes in the community. This tracking has to be done as part of the monthly staff meeting following the discussion guideline provided as Table 7 in the annexures.
 - vi) The GTC integrated DIP is a better tool than making separate gender action plans, as this brings gender, advocacy, governance etc. all on one page on the DIP. Thus the project team as well as the support teams know the status and progress of each activity for each quarter.
 - vii) We recommend monthly follow ups on the progress using the GTC integrated DIP. And at the end of every quarter, please mark the deliverable achieved in **GREEN font**, the milestones in progress in **BLUE font** and the milestones not yet achieved in **RED font**. It is important to have discussion with the team to understand the challenges being faced and the enablers for achieving GTC in the project.

Please find attached a copy of the GTC integrated DIP of one of the CARE India projects on maternal and child health (RACHNA project, Barmer, Rajasthan). This will give more clarity on how the GTC integrated DIP looks and how it can be made more useful. (annexure)

Table 1 - Steps for integrating gender into an existing project – derived from SAA approach (many steps have been added to address the needs of CARE India projects):

STEP	PROCESS	IMPORTANT POINTS TO CONSIDER	COLLABORATION
<p align="center">STEP 1 Transform staff capacity</p>	<ul style="list-style-type: none"> Gender related skill and capacity mapping of staff 	<ul style="list-style-type: none"> Resources allocated for gender in projects. 	<ul style="list-style-type: none"> Facilitator/ resource person who can provide this training. CIHQ staff or gender trained staff from other projects can be requested for the same.
	<ul style="list-style-type: none"> Identification of facilitator for building project staff capacity on gender (internal or external). 	<ul style="list-style-type: none"> Gender champion within project 	<ul style="list-style-type: none"> Develop a mechanism to elicit handholding support from senior team members and other project teams who have undergone the process.
	<ul style="list-style-type: none"> Use SAA step 1 with staff and facilitate and capacitate the staff to undertake step 2-5 of SAA. 	<ul style="list-style-type: none"> 2-3 years to give enough time to undertake the process. 	
	<ul style="list-style-type: none"> Design the capacity building plan for the project with clear time lines. 	<ul style="list-style-type: none"> SAA is not only a workshop and training; it emphasizes on intensive reflection-action process. 	<ul style="list-style-type: none"> Orientation and refresher programs for new and old staff.
	<ul style="list-style-type: none"> Develop training modules and tools for facilitating capacity building plan for each project. 	<ul style="list-style-type: none"> Capacity building to include/ create spaces for reflection-action. 	<ul style="list-style-type: none"> Set aside money and time in the project implementation plan for staff training and reflection.
	<ul style="list-style-type: none"> Develop tools to be used for reflecting and planning with the community for each project. 	<ul style="list-style-type: none"> Tools to be developed for use with community for steps 2,3,4 	<ul style="list-style-type: none"> The GTC indicators and baseline methodology and tools to be developed with inputs from gender and IM teams at CIHQ.
	<ul style="list-style-type: none"> Training of the teams on tools. 	<ul style="list-style-type: none"> Evaluation tools to be both quantitative and qualitative. 	
	<ul style="list-style-type: none"> Develop evaluation tools to assess the effectiveness of the capacity building process. 	<ul style="list-style-type: none"> Baseline design and tools to incorporate GTC related elements and GTC indicators. 	
	<ul style="list-style-type: none"> Conduct a project Baseline (including GTC) 	<ul style="list-style-type: none"> GTC integration into DIP has to be facilitated in such a way that the implementation team does the exercise themselves. It should be based on the root cause analysis of the issues and safety- security and mobility mapping. 	
	<ul style="list-style-type: none"> GTC integration into project DIP. 		

STEP 2 Reflect with community

- Identification of key gender barriers in a particular thematic area, specific to the project.
- Identification of project sites where the developed tools will be used to analyse gender barriers along with the community, in order to achieve project outcomes.
- Conducting the analysis process in the community.
- Data/ information generated is taken back to step 1 of SAA and fed into the root cause analysis.
- Identify ADVOCACY issues here which have the potential to positively impact gender outcomes.
- This will be largely a community consultative process, whereby the project staff will hold community consultations with impact population, stakeholders and key influencers, to understand their perspectives on various issues around gender.
- The three key approaches which the staff must follow to conduct this in the community as per the SAA approach is **EXPLORING- CHALLENGING-NEGOTIATING**
- Staff training and reflection
- Be deliberate in your hiring: look for those intangible qualities that can make SAA a success, like flexibility to understand and implement gender program, flexibility and positive attitude to accommodate and modify ways of working to promote gender equality.
- Reflective Practice (based on annexure at Table 7) to be done with entire team and facilitated by the project manager. This should be done once a month along with the monthly staff meeting.
- Since gender has to be integrated in every activity we are doing, thus there should not be any separate session for GTC related reflective practice. This should be done as part of the ongoing scheduled monthly staff meetings.

STEP 3 Plan for action

- Root cause analysis of the key gender barriers in a particular thematic area, specific to the project. This should be done in a participatory manner with various community stakeholders.
- It is possible that while designing the project, GTC may not have been thought through completely. Thus this is also the time to look at GTC at more in-depth level.

- This prioritization must happen at both-staff and community level.
- For staff prioritization is more from the point of view of readiness with understanding and tools to facilitate discussion at the community level.
- For the community – prioritization is more from the point of view of which changes are easier to be made, with least resistance. (The low hanging fruits...or the most pressing issues...).

- Look for ways to recognize members who provide SAA leadership.
- This is also the forum and stage where the staff can identify and groom peer leaders from the community.
- Identification of positive deviants and enablers within the community and grooming them to be a part of the SAA process.

- Identification of platforms in the projects through which the plan would be implemented.
- Build the capacity of the community to implement the action plan by involving them in all steps of problem identification, prioritization, mobilising community meetings, crating and promoting the forums of change agents and community volunteers etc.
- Learnings from here to be fed back into step 1 and 2.
- Ongoing monitoring of gender transformative change process (with the help of MLE tools developed for the project)
- Use Reflective practice during monthly meetings as a tool for ongoing monitoring of the project.
- Use the GTC integrated DIP for the discussions on the ongoing monitoring process.

- Motivate the involvement of peer leaders and positive deviants from the community to facilitate the meetings and implementation.
- Motivate the impact population and stakeholders to take ownership of the issues and implementation plans.
- Project staff to build the capacity of the community
- Involvement of community in ongoing monitoring
- Use of Reflective practice sheets would be useful for doing the monthly reflections among the team members. (annexure attached- table 7)

- Make staff development an integral and ongoing part of your project implementation, rather than a “one off” that might occur when a project starts.
- Staff development inputs to include the learnings and challenges from the implementation phase and specific skills required to address the same.

STEP 4 Implementation plan

STEP 5 Evaluate plan

- Identification of the key gender outcomes to be measured.
- Design and finalize the evaluation method. For quantitative there will be questionnaires as tools. For qualitative there would be the SAA tools of 1. Observation and 2. Reflection.
- Training of staff on the evaluation techniques. Especially the qualitative ones as they are going to do these directly.
- Conducting End line for project which is in line with the GTC indicators.
- The gender transformative change related indicators have to be embedded in the project indicators.
- The staff to be trained to capture the GTC related change through on going monitoring process which has scope for integrating the community's inputs into ongoing monitoring observations/ findings.
- To do this the team needs to do Reflective Practice using Table 7 from annexures.
- Reflective Practice is a tool suggested for doing ongoing monitoring of GTC related changes in SAA approach.
- The GTC related indicators to be discussed and finalised at the beginning of the project. Qualitative and quantitative tools to be used.

Steps to integrate gender into new projects

- Projects which are at the proposal, LOI, concept note stage (GTC to be integrated in the goal, objectives, activities, budgeting and indicators)
- Sanctioned projects where the staffing and implementation has not yet begun.
- Projects which have clearly stated GTC objectives and budgets in their proposals.

Gender lens should be in place for new projects from the inception stage (LOI, concept note, proposal). This would essentially mean that gender transformative change related ideas, theory of change, objectives, planned activities, M&E are all streamlined keeping gender transformative change at the heart of the proposal, LOI, concept note and proposal. Gender transformative change approach would be embedded in the Project Cycle.

Table 2- Steps to integrate gender into new projects

STEP	PROCESS	Comments	Support/ resources
<p>STEP 1 During LOI, concept note, proposal phase</p>	<ul style="list-style-type: none"> Develop a theory of change which confirms to the gender transformative change the project envisages to work at. 	<ul style="list-style-type: none"> Gender to be the cross-cutting theme and approach in all LOIs, Concept notes, proposals. All LOIs, proposals to focus on building the Agency, Structure and Relations component of girls and women. 	<ul style="list-style-type: none"> The proposal writing team to coordinate space for gender integration/ inputs into all LOIs, Concept notes and proposals.
	<ul style="list-style-type: none"> Clearly define the impact population (girls and women, preferably from Dalit and tribal communities) 	<ul style="list-style-type: none"> The focus has to be on bringing about Gender Transformative Changes (GTC) in the lives of not only girls and women but also the communities. 	<ul style="list-style-type: none"> All teams to provide technical support to integrate gender into the proposal and eventually the projects.
	<ul style="list-style-type: none"> Detail out the objectives and strategies which are gender transformative in approach and clearly lay down specific strategies and activities to achieve the GTC related outcomes and objectives. 	<ul style="list-style-type: none"> A concrete plan of action around the identified ADVOCACY issues need to be worked upon with the Advocacy unit's support and constant involvement. 	<ul style="list-style-type: none"> Advocacy unit.
	<ul style="list-style-type: none"> Identification of key stakeholders and influencers with whom to work in order to achieve GTC as laid down in the theory of change and objectives. 		
	<ul style="list-style-type: none"> The monitoring, learning and evaluation plan has to be clearly articulated to show the detailed plan of MLE for GTC and if possible the tools to be described here. 		
	<ul style="list-style-type: none"> Identify ADVOCACY issues here which have the potential to positively impact gender outcomes for the impact population. 		

NOTE: please follow Step 1- step 5 from the previous table (for existing projects)

Table 3- Who should do what...What works...what does not?

TEAM	WHAT WORKS	WHAT DOESN'T WORK	CROSS COORDINATION SUPPORT
PROGRAM DESIGN TEAM	<p>Must do:</p> <ul style="list-style-type: none"> • Keep gender at heart of whatever we think, write, reflect and do... • Integrating GTC in the project goal, objectives and deliverables. • Do a gender based situation analysis to look at the various factors affecting and influencing gender related dynamics and outcomes. This should be done at the design stage. The following link provides details and tools for doing a gender analysis. http://gendertoolkit.care.org/Pages/core.aspx Clearly identifying the impact population and do a comprehensive profiling • Need to focus on addressing the root causes of the problems/ issues being challenged. • Clear articulation of the impact population and key stakeholders/ influencers. Specific objectives for work with all these groups along with activities, platforms and long term sustainability plan to be mentioned. Work with both women and men, both girls and boys. • Theory of change (TOC) to clearly integrate and articulate gender transformative change process and final outcome/ impact, sustainability. • GTC integrated indicators to be a part of the design, with clear mention of the existing tools for MLE and the tools to be generated for project specific MLE. • Must look at linkages, tie ups with the existing government schemes, set ups and policies to tie up on gender related deliverables. 	<ul style="list-style-type: none"> • Planning for gender based one-time events does not help much in bring about GTC related changes. • Do not plan for activities which may harm people in any way. E.g.: engaging only with wives of migrant men to educate them on risk of HIV infection due to migrant status of husband and motivating wife not husband to ensure condom usage. Given the social context where women do not have the power to exercise consent for sex, control over body and condom usage, this intervention leads to more intimate partner violence (IPV) and destabilising family support for women (proven by various researches in Africa, America and Asia) 	<p>Technical sector support Technical directors, RPDs</p> <p>GED support: Technical specialist-GED</p> <p>GTC indicators, tools, MLE support: Impact Measurement Unit</p> <p>Gender analysis GED and IM to provide template</p> <p>Gender responsive budget: GED</p>

TEAM	WHAT WORKS	WHAT DOESN'T WORK	CROSS COORDINATION SUPPORT
	<p>Should do:</p> <ul style="list-style-type: none"> • Design team to have a clear orientation and understanding of gender related concepts, best practices and gender-power dynamics. • Any platforms created or learnings generated from previous projects to form a part of the plan for new design. This will add value to the continuation of GTC related efforts in a particular geography, impact population and the organisation. • Root cause analysis should also help in identifying issues requiring advocacy. This advocacy agenda should be in-built into the project design and subsequent networking with external agencies working on similar issues. • Gender Responsive Budgeting (GRB) could add value to the accountability component of the design. <p>Could do:</p> <ul style="list-style-type: none"> • Keep budget and provisions for GTC post project impact evaluation. 		

TEAM	WHAT WORKS	WHAT DOESN'T WORK	CROSS COORDINATION SUPPORT
<p>Must do:</p> <ul style="list-style-type: none"> Keep gender at heart of whatever we think, write, reflect and do... Gender diversity and gender balance in recruitment of project team. Comprehensive gender lens to be applied in recruitment process to choose people with a willingness, passion and desire to challenge unjust gender and social norms. Entire project team to undergo SAA step 1 (transform staff capacity). Detailed implementation plan (DIP) of each project to be made by the project team after SAA step1, so that the DIP can have gender integrated into each activity and objective. All GTC deliverables within DIP to be indicated with quarterly milestones. Identify local role models (both women and men) from the community and involve them in organising all meetings and activities in the community. Build capacity of local resource persons from community around gender and challenging gender norms. Must leverage with existing government and non-government platforms, schemes and programs to promote gender related outcomes in the area. 	<ul style="list-style-type: none"> Refrain from one-time gender related events, focus more on gender integration into all activities. Refrain from interacting only with women or promoting only “all women” activities. Involve men too so that there is wider acceptability of the intervention and men feel that they are a part of change...not against change. Actively engaging with men and boys helps in maintaining balance in the power dynamics in the families and communities. 	<p>Recruitments HR and OD</p> <p>Gender training: GED</p> <p>DIP RPDs, Project team, technical directors, GED</p> <p>Gender analysis, situation analysis: GED, IM</p> <p>BCC activities: Communications team, GED, IM</p>	
IMPLEMENTATION TEAM			

TEAM	WHAT WORKS	WHAT DOESN'T WORK	CROSS COORDINATION SUPPORT
	<p>Should do:</p> <ul style="list-style-type: none"> • A system of monthly gender roster of all team members of project prepared. This will put in place a gender point person for the project on a monthly rotation basis. This helps to keep the gender focus alive even in case of some team members leaving the project. • The overall accountability of gender interventions and deliverables lies with the project manager. • Share GTC related Success and Failure stories for new approaches or existing ones. • Involve community at all stages of SAA (problem identification, prioritization, action planning, implementation, monitoring and evaluation)-for monitoring and evaluation please use the SAA tools of 'observation' and Reflection' with the community. • Use GTC integrated BCC strategies with community through existing platforms (AV, street theatres, posters, radio shows, community dialogues etc.) <p>Could do:</p> <ul style="list-style-type: none"> • Coordinate on a regular basis with other projects within CARE and outside so that we do not work in silos and can learn from each other's success and failure stories. 		

TEAM	WHAT WORKS	WHAT DOESN'T WORK	CROSS COORDINATION SUPPORT
<p>Must do:</p> <ul style="list-style-type: none"> Keep gender at heart of whatever we think, write, reflect and do... A minimum set of non-negotiable GTC indicators for each project must be ready before the project is rolled out. Gendered baselines and gendered end lines must be conducted with every project. All GTC indicators to be a part of the baselines and end lines. All studies to collect gender and sex-disaggregated data. Gender analysis should be inbuilt into the situation analysis. Women's empowerment framework (Agency, structure and relations) to form the basis of GTC indicators, baseline, end line, ongoing monitoring and significant change stories. <p>Should do:</p> <ul style="list-style-type: none"> Most significant change stories (MSCS) to be compiled for all projects as an evaluation tool and end product. GTC impact reports to be generated ideally for individual projects as well as long term programs. <p>Could do:</p> <ul style="list-style-type: none"> Conduct a post project evaluation (maybe 2 years after the project has phased out) to see the long term impact of GTC and the sustainability of the same. Video documentation to track the process of GTC related change in the lives of the impact population and inter-personal relations. 	<ul style="list-style-type: none"> Be careful to not to finalise any baseline, end line or on going monitoring tools which are not providing scope for sex and gender disaggregated data (SADD). Do not delay finalisation of ongoing GTC integrated monitoring tools for each project, beyond first quarter of intervention. While capturing GTC related change...do not focus only on baseline and end line, capturing the process of GTC related change is equally important. This means capturing- what, how, who and why of the GTC related change. 	<p>GTC indicators: Sector technical directors, GED, IM</p> <p>Gendered baseline, end line and ongoing monitoring Project team, GED, IM</p> <p>GTC impact report and MSCS Project M&E person, GED, IM</p> <p>Video documentation Project team, Communications team</p>	<p>MONITORING, LEARNING AND EVALUATION</p>

Table 4 - A suggestive list to aid projects to bring about gender transformative change?

SL.No	SUGGESTED STRATEGIES (Implementation team should keep flexibility to pick and choose other activities from the list below and use it along with SAA approach)	IMPORTANT POINTS TO REMEMBER <i>This table details out some of the strategies to adapt for GTC related work. Projects can choose any of the following for their own use or modify them and use.</i>	EXAMPLES AND SUCCESS STORIES
	Identifying and motivating Positive Deviants, Role models	<ul style="list-style-type: none"> Especially useful for engaging with men and boys Highly effective in bringing about changes in behaviour through “demonstration effect” 	Gender Dialogue Tools of Pathways.
	Reflections (individual and community)	<ul style="list-style-type: none"> Reflection on gender and social norms with individuals in groups Reflections on gender and social norms at community level. 	Stepping stone project (multi country)- (you can read more about this on the internet)
	GTC focussed Behaviour change communication (BCC)	<ul style="list-style-type: none"> Edutainment programs (radio drama) Pictorial aids to address low or no literacy Use of puppetry and folk media Clarity on “key messages” to be communicated through BCC BCC must address women, men and other key stakeholders 	<ol style="list-style-type: none"> Soul city project (South Africa) (you can read more about this on the internet) BCC Toolkit ILO: http://www.ilo.org/wcmsp5/groups/public/@ed_protect/@protrav/@ilo_aids/documents/publication/wcms_115460.pdf BCC guide from Johns Hopkins University: http://ccp.jhu.edu/documents/The%20Gender%20Guide%20for%20Health%20Comm%20Programs.pdf
	Empowering and building capacity of front line workers on gender	<ul style="list-style-type: none"> Pictorial aids to address low or no literacy Building capacity of FLW to understand gender related challenges faced by women, girls and other vulnerable groups in the community. Advocacy with the government to include gender sensitization module in the regular training manual of FLWs. This will ensure wider reach and sustainability. 	

	Engaging with men and boys	<ul style="list-style-type: none"> Engaging on gender equitable workload distribution- Pile sorting for gender equitable work load distribution Engaging on safety and security aspects in community. Engaging on gender equitable intra household food distribution. Identifying and promoting 'male champions' Recognising and rewarding 'positive deviants'- both male and female. 	<ol style="list-style-type: none"> http://www.menengagedilli2014.net/symposium.html Pathways gender toolbox Farmer Field and Business School (FFBS) Toolkit www.care.org/ffbs
	Peer to peer	<ul style="list-style-type: none"> Effective with all groups but proven usage and efficacy among adolescents. Designing IEC material from peer education perspective around gender- this can be used by peer educators to inform and influence peer. 	
	Campaigns and networking	<ul style="list-style-type: none"> Advocacy issues specific to the project or impact population (for issues which require policy level changes) Networking with like-minded local organisations working on similar or complementing issues. Campaigning for issues where a government policy already exists but implementation is poor and require mass participation and opinion generation (e.g.: female feticide, women farmers land rights etc.) 	"We Can" campaign by OXFAM
	Value chain analysis with gender perspective	<ul style="list-style-type: none"> Gender Action Learning System (GALS) Promoting land and other assets to be registered in the name of woman or co-registered in name of women and men. Implementing gender sensitive policies in processing and marketing. Promoting women's participation at all levels. Setting gender specific (GTC) indicators in all monitoring Gender promoter farmers elected by the farmers (of which 30% have to be women) trained in Good Agricultural Practices, gender issues and adhering to standards. Gender inclusive interventions to focus on improving women's Agency, Structure and Relations in value chain governance. 	<p>Kenya (HIVOS implemented project) http://www.fairandsustainable.nl/wp-content/uploads/2013/06/Bachelor-Thesis-Gender-inclusive-interventions-in-coffee-Value-Chains.pdf</p> <p>Pathways toolbox for PVCA</p>
	Creation or promotion of Solidarity groups	<ul style="list-style-type: none"> Building upon the Agency of women with regard to literacy, financial skills, market related skills, value chains, Life Skills etc. These groups to help each other to challenge inequitable gender norms and stereotypes. Promote gender friendly and enabling environment in the community. Coordinate and engage with external audience to support common causes. 	<p>Various interventions from multiple countries.</p> <p>http://www.fairandsustainable.nl/wp-content/uploads/2013/06/Bachelor-Thesis-Gender-inclusive-interventions-in-coffee-Value-Chains.pdf</p>

Gender in Emergencies:

We have the choice of geography and impact population in case of regular projects. But in case of disasters, the protocols are very different. To integrate gender into disaster projects would imply that we extend extra support to women and girls due to the vulnerabilities they face in the event of a disaster. Worldwide, the physical, social, psychological and financial impact of disasters is more adverse for women as compared to men due to their predisposed vulnerabilities and poor preparedness.

The following table discusses the various phases of disaster and how gender can be kept at the centre of each of these phases (the scope of gender transformative approach is limited in Response and Recovery phase, but the Preparedness phase and Rehabilitation phase can keep the GTC perspective to a large extent):

Table 5 - GENDER IN EMERGENCIES:

<p>Organisation level</p>	<ul style="list-style-type: none"> Keep Gender Brief for country ready. Keep gender brief for each of the identified disaster prone states ready (GED and Advocacy units can support here). Conduct a vulnerability and capacity analysis for disaster prone states, districts and districts with high concentration of Dalit and Adivasi. 	<ul style="list-style-type: none"> Using gender marker analysis Conducting Rapid Gender Analysis (RGA) Preparing a gender action plan specifying steps to integrate gender in all steps of response and recovery. 	<ul style="list-style-type: none"> Detailed gender assessment for projects where there is scope for advancing to rehabilitation phase. The responses where recovery takes a longer time, there is a scope for integrating gender transformative change as an approach.
<p>Staff level</p>	<ul style="list-style-type: none"> Prepare and update the Emergency Response Roster (ERR) on a regular basis (preferably annually). Ensure gender balance in ERR. Ensure to have a gender specialist on the ERR at all given points of time. Ensure all members on ERR are trained on Inter Agency Steering Committee (IASC) gender course. All staff to go through SAA base staff capacity transformation training on a regular basis (GED unit will support). 	<ul style="list-style-type: none"> Pre deployment briefing of staff to ensure the following: <ul style="list-style-type: none"> Staff are briefed about the state or country's gender brief. Steps to conduct RGA How to prepare gender action plan? 	<ul style="list-style-type: none"> Staff to be trained in conducting a detailed gender assessment from the women's empowerment (WE) point of view, covering Agency, Structure and Relations related factors and impact.

Community level	<ul style="list-style-type: none"> Develop emergency preparedness guidelines in such language (or pictorial) which can be understood by all groups in community. (Women and girls in India have a lower literacy level as compared to men and boys, thus many are dependent on others to explain the written instructions.) Display preparedness guidelines at places which are also frequented by women and girls and people from marginalised communities (restricted mobility of women and girls from other as well as marginalised communities). Encourage women and girls to participate in the preparedness and evacuation planning of their community. Conduct meetings at locations and timings convenient for women and girls to attend. Keep the convenience of women and girls with special needs (pregnancy, lactation, disability, single female headed household etc.) 	<ul style="list-style-type: none"> Deciding relief package: Gender sensitive and gender responsive relief packages: (Example 1: sanitary napkins or traditionally used methods during periods etc.) (Example 2: female condoms in situations where women are more prone to STI, unintended pregnancies or sexual violence) Teams to have adequate knowledge and attitude to administer the gender responsive relief material (how to use female condom etc..) 	<ul style="list-style-type: none"> If the project needs to go into long term recovery or rehabilitation phase, the steps described in SAA should be encouraged to be followed where the community is consulted to identify and prioritise issues. Consult separately with girls and women to understand their needs and priorities which might be very different from men's needs and priorities. Consult women and girls in shelter design, community common facilities design and other related discussions. Continuously evaluate the process from WE perspective to see how the intervention is strengthening the Agency, Structure and Relations for the women and girls in the community.
Monitoring and evaluation	Use the CARE Gender Marker in addition to other GTC related indicators for Agency, Structure and Relations	Use the CARE Gender Marker in addition to other GTC related indicators for Agency, Structure and Relations	Need to develop specific GTC indicators for the particular project.
Overall responsibility	DMU, RPDs, HR and OD, GED	DMU and all related units at CIHQ, Hubs and Projects.	DMU, technical directors, RPDs

Please refer to the following link for details on tools to integrate gender in disaster <http://gendertoolkit.care.org/Pages/emergencies.aspx>

Monitoring and Evaluation Guide

GENDER TRANSFORMATIVE CHANGE – Key Dimension of Change



Long Term Programme Domains of Change and relation to Women's				
Domain of Change 1	Domain of Change 2	Domain of Change 3	Domain of Change 4	Domain of Change 5
Capacities, Capabilities, Self Esteem (individual and collective)	Effective and influential leadership of women and girls (multiple levels)	Positive attitudes, support and recognition by others in households, communities, service providers	Effective access and ownership and influence over the use of productive resources, services and opportunities	Enabling policies, development structures, institutions

How do I know that the project is on the right track? How do I measure the change?

Please refer to the link below for detailed and step wise guide for conducting monitoring, evaluation and impact measurement with regard to measuring GTC in projects.

<http://gendertoolkit.care.org/Pages/understanding%20change.aspx>

Lessons in measuring gender transformative change and women's empowerment

1. **Work more reflectively to understand complex change** (what else is happening in the broader environment).
2. **Consider what women's empowerment would look like in various contexts over time** (have clearly articulated milestones for each month and quarter...leading up to the final WE and GTC outcome or impact).
3. **Ask not only what has changed, but also ask how have things changed** (understand the process of change, the enablers of GTC and the hurdles...what worked what did not with each audience etc. an example is the Madhya Pradesh Nutrition Project (MPNP) where the project is undertaking Video Documentation of the process of gender transformative change through capturing the baseline, ongoing and Endline indicators of GTC for the project.)
4. **Measure changes in Agency, Structure and Relations.** How have changes in gender relations affected structures and relationships among and between various groups?
5. **Situate changes in the broader historical, social and political context of the groups.**
6. **Consider dimensions of change that are not so easy to see or count.** Monitoring tends to focus on change that can be easily measured, such as economic change. Social and political changes are harder to discern, and psychosocial dimensions of change are under-represented. How have women's and men's aspirations been changing? Or sense of confidence and capability? Or recognition from others?
7. **How have changes taken place compared to previous conditions and relationships?** How has a group's status changed relative to others?
8. **Acknowledge diversity among different groups, and how interventions affect multiple aspects of a person's life** (See the *Good Practices Framework for Gender Analysis*).
 - To measure changes in gender equality and women's empowerment, we must be aware of what is measured, who measures it and how.
 - **'Situating changes in women's lives within this broader context and perspective, we can see a qualitative difference between interventions that successfully help women to get along in a man's world, versus successes we can show in making that world more fundamentally equal.**

Why Measure Change:

Before thinking about **HOW** we measure change, we must be clear on **WHY** we measure changes in gender relations and women's empowerment. Monitoring or exploring change for CARE is important to provide:

- **Accountability** - to communities, impact groups, donors, partners and other stakeholders to assess our work. Monitoring is critical to ensure interventions Do No Harm.
- **Shaping Programming** - monitoring change can help CARE understand what it takes to advance our mission and vision, and identify the best role for CARE to contribute to social justice?

- **Enhancing Program Quality** - beyond shaping the direction and form of CARE’s work, monitoring and assessment also improve the quality of programming by ensuring that lessons learned from one intervention can influence others, and by identifying key promising practice models for gender equality.
- **Informing Advocacy** - to promote broader change and influence policy, distribution of resources and other key decisions that affect the lives of communities, and the status of groups with whom we work.

Table 6 - Tools for Monitoring Change in Gender Relations

Organizational Knowledge (through documentation and staff experiences)	Social Analysis To understand people’s own perspectives on the changes that have occurred in their lives since participation in a project, and their experiences and interpretations of these changes	Comparison across Groups and Time as a basis for comparison across different groups or time periods, to illustrate CARE’s contributions to change	Situational Analysis Tools
<ul style="list-style-type: none"> • Meta-evaluation • Promising Practices Inquiry • Staff perceptions of empowerment and interventions 	Community level analysis tools: <ul style="list-style-type: none"> • Appreciative Inquiry • Focus Group Discussion • Impact Dialogues • Life Histories • Living Mirror • Measuring Self-Esteem • Most Significant Change • Peer Ethnographic Research • Reflective Practice • Voices through photography • Do No Harm Framework 	<ul style="list-style-type: none"> • Anthropometric and Health Status Measures • Focus Group Discussion • Field Observation • Knowledge and Achievement Tests • Interviews / Surveys • Ranking exercises • Analysis of Existing Data 	situational analysis tools

Gender Transformative Change: CARE India’s Indicators for measuring change

GTC Indicators for Care India:

A comprehensive list of GTC indicators have been developed across all three sectors (health, GEP and EDU). This process was anchored by IM unit and all sector teams participated in finalising these GTC indicators for their sectors.

Indicators for Gender Transformative Change

Introduction

Gender transformative change is core CARE India's Long-Term Strategic Programming Framework. It is a choice that we have made because CARE India as an organization wants to contribute to the improvement of the lives women and girls among most marginalized population. It is a firm commitment and it means that CARE India's works concertedly contribute to the achievement of that goal. This means that through project intervention, the role and relations which get constructed between women and men are transformed and are facilitated to change fundamentally in a manner that existed never before. In this context, this document aims to provide a common understanding on what is meant by Gender Transformative Change and a set of transformative change indicators which must be used consistently across all project to build evidences and for assessment of overall changes in the area of gender transformation.

What does it mean by Gender Transformative Change?

We know that there are varying forms of unequal power relations that influence a person's behaviour and choice of decision-making. These inequalities exist in all societies in varying form at all levels of social relations and structure. It widely varies context to context, place to place, household to household, and individual to individual. Therefore, to understand these nuance in some form, a common framework is essential. **In the context of our project, therefore gender transformation means that the project that has activities addressing/challenging unequal gender relations at household, institutional and wider societal level and tries to build equitable social norms and structures that reform old values, norms, principles and iniquitous relation are said to be transformative. Transformative change entails setting new precedence, renouncing conformity identities, creating new role models and invoking of new values and social order.** CARE's Gender Integration Continuum Framework examines trajectory of project intervention in the path of transformation and changing social norms. "Gender Continuum" illustrates gender changes project activity could demonstrate "potentially harmful" to 'neutral' to 'sensitive' to 'responsive' and then "transformative" dealing with addressing unequal power to make it less potentially harmful, make its intended effect neutral, make the power holder sensitive, make the power holders more pro-active/supportive, or make interventions much more fundamental norm/values to be reversed.

In the construction of Gender Transformative Change Indicators, we are following CARE's Strategic Impact Inquiry (SII), which looks at changes at Agency, Structure and Relations. While agency looks at individual level measures of changes (women's empowerment/freedom), Structure and Relations looks at gender (unequal power existing in all forms) which relates to the issues of equity and inequality. By looking at sum total of changes on these three aspects: at in individual freedom, equity and equality, transformative changes can be understood comprehensively. Based on this logic, CARE India looks gender transformative change on three dimensions illustrated below. Looking at the context of India, under 'Agency dimension, five key areas that will be covered across all projects and sectors which include: 1) decision making, 2) self-confidence, 3) mobility, 4) leadership, and 5) access and control; Under structure, three are key areas will be covered which include: 1) participation and representation, 2) collective efficacy, and 3) roles and norms change; and under relations, there are three key areas will be covered, which include: 1) negotiation, 2) solidarity and 3) new social relation. These indicators also provides basis for understanding contribution towards long-term program domains of changes, which are marked in the respective sectoral indicators with domains of change numbers for reference.

Health

Impact Group = Women in reproductive age group 15-49 years

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Decision-making		Participation and Representation		Negotiation	
Self Efficacy to decide when to have children	1	Increased number of women in governance forums (who have never participated in such forums before) such as local committees/ collectives (health committees, VHNSCs etc.)	2	Increased women and men reporting inter-spousal communication with regard to maternal and reproductive health	2
Equal say in decisions regarding when to have children	2				
Self-efficacy to decide regarding how many children to have	1				
		Collective Efficacy		Increased number of men and other family members doing household chores	2
Self-efficacy to decide on place of delivery	1	Increased voice and participation in collectives.	2	Women negotiate and influence other key caregivers / decision makers at households for their actions around health seeking and caring practices (for themselves and their children)	2
Self-efficacy to decide/get children fully immunized	1	Women's group/community support in times of crisis (when pregnant, bleeding, epidemic, violation of rights, beaten by husband etc.)	3	Solidarity and Alliance	
Self-efficacy to initiation and duration of exclusive breastfeeding irrespective of the sex of the child	1	Role and Norms Change		Women who participate in health forums/ meetings in order to advocate for better services regarding nutrition and health for women	2

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Self-efficacy to decide early initiation of breastfeeding irrespective of prevalent myths and misconceptions	1	Men supporting women's decision on initiation of breast feeding, exclusive breastfeeding, new born care and child care, use of modern contraception, consent to sexual intercourse,	3	Women who volunteers and peer group educators demonstrate positive shifts in behaviours and practices towards gender equitable norms	3
Self-efficacy (of pregnant women and adolescent girls) regarding decision for consumption of IFA tablets and micronutrient rich food	1	Equitable sharing of household chores by men and other family members	3	New social relations	
Self-efficacy to decide providing appropriate complementary feeding to the child irrespective of the sex of the child and prevalent myths and misconceptions	1	Collective responsibility of women and men in families for giving increased hours of care and attention to their children (immunization, feeding, health care)	3	Both women and men receives counselling from service providers on general health and SRH (including SRH rights)	4
Self-efficacy to decide providing age appropriate supplementary nutrition to the child irrespective of the sex of the child	1	Community coming together to foster a violence free environment (example where community members intervened and solved issues)	3	Key decision makers at household understand the need and take responsibility for and support the decisions of the women regarding dietary diversity	3
Self-efficacy to decide for good health care and hygiene behaviours for themselves and their children	1	Women and men practicing equitable sharing and consumption of micronutrient rich food	3	Women and men talk about maternal neonatal child health and nutrition	3
Self-efficacy to seek good quality health services for themselves and their children	1	Health service providers show improved behaviour towards women and men		Women and men start discussing and communicating on issues related to contraception/FP, IYCF, IPV, GBV and other related issues.	

Agency	LTP DoC	Structure (Social Capital)	Relationships	LTP DoC
<u>Self-confidence</u>		Health related infrastructure and services are available, accessible and usable.	Men start participating in household chores and child care related work.	
Belief in women's own right to refuse sex	1	community encourages people to follow healthy practices and challenging stereotypes.	Family members support women in their decisions regarding household, economic activities and other areas.	
Belief in women's health and SRH related rights	1			
Women have the knowledge, will and motivation to discuss health and SRH related issues with intimate partner, family members and community.				
<u>Ability, conviction to reject Intimate Partner Violence (IPV)</u>				
<u>Mobility</u>				
Self-efficacy to visit the health facility / AWC on their own	1			
Self-efficacy to attend community meetings on their own	1			
<u>Leadership</u>				
Self-efficacy to speak out in community meetings	2			

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Skills, motivation and linkages to support other women and girls in matters of health and SRH					
<u>Access and Control</u>					
Increased number of women have safe access to sanitary and hygiene services	4				
Increased number of women have access and control over appropriate and relevant health related information and services.	1				
	1				
	1				

Education

Impact Group = Girls/ Women in age group of 11-18 years

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Decision-making		Participation and Representation		Negotiation	
Self-efficacy of girls to decide when to marry	1	Girls participate and represent in educational forums at all levels	2	Girls reporting parents support both girls and boys to have equal educational opportunities	4
Self-efficacy of girls to decide to continue education in spite of social and access barriers	1	Active participation of women and girls in school management committees	2	Immediate family members motivate girls to complete education and not drop out in between	
Self-confidence		Collective Efficacy		Girls reporting that parents encourage education by not engaging them into domestic household chores and fields	3
				Parents and other family members encourage equal level of household workload sharing by both boys and girls	
Girls who are aware and choose to enter non-stereotype activities in school and vocational options	1	Girls take up issues concerning challenging social and gender norms and beliefs.		Solidarity and Alliance	
Girls express freely in classrooms and outside	1	Role and Norms Change		School management committees support needs and interests of girls	5
				Girls get together to show solidarity for other girls to continue education or prevent early marriage.	

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Girls are aware of value of higher education and making an informed choice for continuing education	1	Girls who are never enrolled/drop outs due to social and security barriers, participate in education (pre-primary ICDS, government schools, alternative programs, residential programs etc.) due to attitudinal change at community/family level	3		
Mobility		Boys believe in equitable opportunities for girls (Age 11+)	3	Girls form groups and forums to promote education, prevent child marriages and support each other	
Girls who never enrolled/drop outs move out of village on their own and complete higher education or take up jobs	1	Girls and boys valuing equal rights in school sports and co-curricular activities	3		
Girls move beyond traditional home based occupations		Girls reporting that teachers encourage both girls and boys equally to study	5		
Girls move beyond traditional home based occupations	1	Girls reporting parents' attitudinal change from 'it is ok if girls drop out from school' to 'it is not ok if girls drop out from school'	3		
Leadership		Communities take responsibility and action to provide safe and secure environment to girls for mobility to school and other places.			
Girls exhibit choice of education, occupations and timing of marriage	2	Boys showing changes in views about girls' education, employment, and gender equality	3		

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Girls participate and lead actively in classroom process	Y	Women and men show positive changes in perceptions about the value of educating girls and boys	3		
Girls participate and lead in CCA activities in school (morning assembly, library management, adolescent girls group etc.)		SMCs take active part in ensuring quality infrastructure at school, WASH facilities and quality of education etc.			
Girls showing changes in aspirations about education, employment, and gender equality	1	Households promoting gender equitable workload distribution at home, leading to more time with girls to study at home.			
Access and Control		Parents earmark household income for education of girls and boys equitably	3		
Girls reach out to redressal system in education institutions for dealing with sexual harassment and gender-based violence, and discrimination	1	School libraries are gender responsive/inclusive			
Number of girls and boys and teachers access infrastructure that meet their needs	4	School and classroom provides gender responsive print rich environment to children			
		Teachers understand and challenge gender stereotyping in the classrooms, schools, playgrounds etc.			
		Teachers promote gender equality in the classrooms, morning assembly etc.			
		School department abides by and ensure principles of safety and security, clean water and sanitation, and infrastructure to promote higher participation of girls in schools	5		

Livelihood

Impact Group = Women in workforce/Potential to join workforce

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Decision-making		Participation and Representation		Negotiation	
Self-efficacy of women to negotiate directly with various actors in the market at all levels (value chain)	1	Women who are taking up leadership positions for the first time in various forums viz. panchayat, different kinds of collectives -SHGs, federations, NRM committees etc.	2	Women who report equitable decision-making in asset purchase	4
Self-efficacy of women in participating in discussion and giving opinions, for taking decisions in non-stereotypical domains of decision making at household and her own life, such as sale and purchase of assets, agricultural goods, land, house or sale of products	1	Women who participate and voice their interests in collectives and other forums	γ	Women who report support and encouragement from intimate partner and family members for women's contribution in value chain	3
Ability of women to decide whether or not they want to be economically productive					
Self-efficacy of women and girls to decide which vocation or employment avenue they want to take up.					
Self-efficacy of women to decide how, where and when they want to spend or save and invest their money.					

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Women who engage in non-traditional economic activities by expanding their skills and knowledge on livelihood choices and gain entry into the market	1				
Women in collectives aggregate both input and output supplies	2				
<u>Mobility</u>				Women entrepreneurs who engage directly and interact with value chain actors whom the male member of household used to deal with earlier (decision making)	3
Women move outside their villages for financial/banking services, healthcare services, marketing, federation meetings, training/ capacity building etc.	1	<u>Role and Norms Change</u>		Women who report that men in collectives support participation and leadership of women in collectives	3
<u>Leadership</u>		Communities support women's groups by providing meetings spaces and support for initiatives			
Women who have assumed leadership positions and become entrepreneurs (women in SHG/collectives and Federation Leadership positions and also in leading enterprise like milk collection centres, milk sale points, fodder plots , feed shops and <i>azolla</i> units etc.)	2	Panchayat, financial institutions and other local and district level officials support women's groups for various schemes and service.			

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Women who have become technical experts and offer services as resource persons to their own peers and other community members through various forums	2	Women who are taking employment opportunities as first-generation employees	1		
Elected women leaders attend and participate in PRI meetings and other group meetings on their own and not represented by others.		Market value chain is providing space and accepting women's participation as a norm			
Access and Control		Women who report change in the proportion of contribution to household resources by men and women for household items	3		
Women who own household assets	4	Women who report change in equal access to employment opportunities and equal wages for equal work	5		
Women having land titles (singly or jointly with their spouses)	4	Women who are taking up new roles in value chains (agriculture and non-agriculture)	1		
Women who have access to banks/ bank account/ financial services for savings or for loans and for access to credit schemes	4				
Women who have access to social security e.g. pension, other forms of employee benefits such as maternity leave and sick leave, disability insurance etc.	4				

Agency	LTP DoC	Structure (Social Capital)	LTP DoC	Relationships	LTP DoC
Women exercise their rights and entitlements pertaining to fair and decent working conditions including choice of labour, terms of trade (fair, equal wages, measurement, conditions, timely payment, accessibility) and non-discriminatory behaviour by employer / at workplace/ in the market	4				
Women who have access to targeted public distribution scheme or other pro-poor schemes	4				
Women who report reduction in domestic violence	1				

ANNEXURE II

Format for monthly Reflective Practice for the project team: (To be done by projects on a MONTHLY basis during the monthly team meetings)

Date of exercise	SII Framework component	Domains of change description	What did we want to achieve in this month (output indicators)	What have we achieved in this month (output indicator)	What/who are the enablers	What/who are the Dis-enablers	What needs to be changed in strategy or the way we are implementing, for a better result?	Specific actionable recommendations	CARE team reflections on what is changing in their own personal gender related domains
Date and month	AGENCY	<ol style="list-style-type: none"> 1. Capacity building 2. Technical knowledge, skills 3. Self -esteem 4. Leadership training 5. Self-confidence 6. Personal aspiration 			<ul style="list-style-type: none"> • What/who are the enablers • What is working in favor of the change? 	<ul style="list-style-type: none"> • What/who are the Dis-enablers • What is hindering the change? 	<ol style="list-style-type: none"> 1. 	<ol style="list-style-type: none"> 1. 	<ol style="list-style-type: none"> 1.
	STRUCTURE	<ol style="list-style-type: none"> 1. Policy related advocacy 2. Community meetings with all stakeholders 3. Laws related interventions 4. Interventions and meetings with service providers, government etc. 	5.						
	RELATIONS	<ol style="list-style-type: none"> 1. Interventions with men and boys 2. Interventions with family members 3. Women's collectives/ girls groups 							

Frequently Asked Questions

- **What is the difference in gender analysis and situation analysis? How many different types of analysis do we have to do at which stage?**

Gender analysis is a part of situation analysis. Gender analysis will analyse the context and the impact population from WE framework (Agency, Structure and Relations). There is no need to do separate analysis for context/ situation and gender. For details of situation analysis and gender analysis please refer to the link at page 24.

- **What is the role of gender point person? Is this person responsible for all gender related deliverable at the project?**

The gender point persons are only a resource to assist projects and teams on integrating and operationalising gender related activities. The overall responsibility lies with the project managers and the entire team of project (as per the GANTT chart or DIP). The gender point person will only help in providing support and creating linkages between different component of projects and also between different projects.

- **SAA requires time to engage with the community and the results of gender transformation related changes takes time to manifest. How should we go about projects which come for a very limited time period?**

This is where a long term program approach becomes imperative. Thus while designing projects, care should be taken to select geographies and impact population in such a way that it leads to long term continuation of engagement. Layering projects on each other is one of the best ways to continue work on long term changes around gender and social norms. Also for projects with short time span, the full cycle of SAA may not be possible, here we can focus on building the gender related capacity of the team and involving the community as much as is feasible in the design of the project. The focus should be to integrate gender as much as possible within the time frame. Each project is unique, thus an inception meeting can look at gender integration and way forward in the beginning.

- **The project DIP is already made and we are implementing the same. If we have to integrate GTC in the project post-implementation, then do we have to change the DIP?**

The DIP will not be changed drastically but will be modified to “engender” all activities and interventions and maybe add few new activities to meet the gender needs of the project. Gender activities are not separate, but every activity needs to be gendered taking into account the agency, structure and relations related factors which support or hinder gender relations and outcomes.

- **How do we know whether a particular intervention is gender transformative or not?**

If the intervention is addressing only an issue without addressing the root cause of the problem, the most likely it is not a gender transformative intervention. GTC intervention would be targeting the root cause of the problem with involvement of the impact population along with the key influencers and stake holders. It usually works at improving the agency, structure and relations for the impact population through a set of interventions.



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