CARE Gender Marker Pilot Review

Findings and Recommendations

April 2015

Contents

Executive Summary

The aim of the review was to conduct an assessment of the CARE Gender Marker pilot, making recommendations for improvement before it is rolled out more broadly within the organisation and looking at the broader implications of using a 'whole project' Gender Marker, which may be of interest to the wider sector.

The CARE Gender Marker is a tool that grades, on a 0-2 scale, whether or not humanitarian relief work is prepared for, designed, and implemented in a way that ensures women, men, boys and girls of all ages benefit equally; and if it will contribute to increasing gender equality. It is based on the Inter Agency Standing Committee (IASC) Gender Marker, launched in 2010. The CARE model expands on this model, extending its application throughout the humanitarian project cycle, from preparedness to proposals and into the response.

The CARE Gender Marker Pilot was implemented from January – December 2014 in the Syria Regional Response, West Africa and the Philippines. The focus of the pilot was to explore how the Gender Marker functions at a variety of different levels within the organisation and to reflect on potential problems, challenges and successes with implementing the Gender Marker. This assessment report is a consolidation of feedback from 35 stakeholders, 30 surveys and a review of available technical documents, assessments and reports.

Summary findings
- The CARE Gender Marker has added value to the gender in emergencies work. It was most successful at the design stage for reviewing strategy and proposals.
- The pilot has created interest and momentum beyond its initial scope. Country offices (COs) outside of the pilot region and institutional structures such as the Emergency Response Fund (ERF) have applied the Gender Marker in their work.
- The marker was not fully implemented through the humanitarian programme cycle. Grading the implementation stage continues to be the biggest challenge**.**
- Development of a new tool and guidance, using the same coding parameters is required for the implementation stage. Some adaptation is also needed for the Emergency Preparedness Planning (EPP) stage.
- It is important that the impact of gender integration in emergency responses can be demonstrated. The CARE Gender Marker tool should continue to be aligned with the IASC tool to enable broader results analysis and advocacy for gender equality programming.
- The successful application of the gender marker across the humanitarian programme cycle requires the engagement of staff across the CARE structures, stronger accountability, and integration of the tool into organisational systems.
- Special focus needs to be given to the availability of specialist gender capacity and developing the tools and approaches for the implementation phase.
- Respondents overwhelmingly felt that the plot should be scaled up, building on the lessons learnt over the pilot period.

The findings have been consolidated to produce recommendations related to the tool, process and scale up of the approach organisation-wide.

Recommendation One: *The CARE Gender Marker pilot should be scaled up, through a phased approach, across the organisation.*

The pilot process has generated enthusiasm, commitment and momentum among staff. Feedback from respondents is overwhelmingly in favour of scaling up the gender marker as a tool to track gender integration and gender outcomes through the humanitarian programme cycle. The pilot phase did not achieve all of its objectives. It was not fully implemented, in as much as the tool was not applied at all stages of the humanitarian programme cycle in all the pilot countries. It was not possible to capture the full cycle of learning or demonstrate how the tracking supports better gender equality outcomes. Nonetheless, the role of the pilot was to identify the strengths and weaknesses of the tool and the process, in order to make a decision regarding whether the tool should be scaled up. The challenges identified were not so significant as to undermine that premise of the pilot, and instead provide a focus for the key areas that need to be strengthened. The scale up process should be formalised with clear timelines and accountabilities.

Recommendation Two: An additional tool and new guidance should be developed for application to implementation phase and should be tested in the pilot regions.

A principal area of added value of the CARE Gender Marker is that it is designed to track whether gender commitments made in the design phase are translated through to action and results, by following the organisation's project cycle. The most challenging area of the pilot process was the application of the Gender Marker to the implementation phase. The pilot identified that there was a lack of clarity around what should be coded at this stage and by whom. The tool in its current format was felt to be unsuitable for 'grading' the implementation stage.

The IASC Gender Marker, upon which the CARE Gender Marker is based, was designed to measure gender integration in humanitarian proposals. One of its shortcomings is that it does not track gender integration from the proposal to the implementation stage. The IASC tool is being revised in 2015 to enable this tracking to take place. It is therefore further recommended that CARE works with IASC Gender Marker Monitoring pilot to share lessons and ensure that tools and systems are aligned.

Recommendation Three: Adaptations should be made to the tools and guidance to strengthen the application at the EPP, Strategy and Proposal stages of the programme cycle. Gender Marker components should be integrated into organisational systems.

The pilot highlighted areas for review and strengthening in terms of the guidance on coding, the EPP template and development process, and the feedback loop that is built into each stage of the programme cycle. Although it was not possible to integrate components of the gender marker within organisational systems and template during the pilot, as the pilot moves to scale up, this integration should happen.

Recommendation Four: Continue to align the CARE tool with the IASC Gender Marker, particularly in terms of coding and components.

Following the review process of the IASC Gender Marker, the recommendation was made by a Gender Reference Group working group to incorporate age into the coding and criteria of the marker and to review the utility of maintaining both 2a and 2b codes. One of the values of the CARE Gender Marker is its alignment with the IASC tool, which enables data comparison, reporting and common advocacy. It is important that the CARE Gender Marker maintains this alignment.

Section One –Purpose and Recommendations

1. Review Aim and Methodology

The aim of the review was to conduct an assessment of the CARE Gender Marker pilot, making recommendations for improving it before it's rolled out more broadly within the organisation and looking at the broader implications of using a 'whole project' Gender Marker which may be of interest to the wider sector. CARE's Gender Marker draws on the IASC Gender Marker launched in 2010 to ensure gender equality is part of the Consolidated Appeals Process. Areas of assessment during the review included:

1. Assess how the Gender Marker functions at the different stages of the humanitarian programme cycle.
2. Assess whether the tools / systems put in place to support the application of the model have been effective.
3. Assess how the Gender Marker functions at a number of different levels within the global CARE structure.
4. Assess if the pilot was implemented as planned and implications for any scale up of the tool.
5. Assess changes in external Gender markers, particularly the IASC Gender Marker and the ECHO Gender and Age Marker, and how the CARE Gender Marker could / should align with these.

The review findings are based on 35 key informant interviews, 30 surveys and strategic, programmatic and technical documentation related to the pilot. The 35 respondents for the key informant interviews were drawn from CARE staff in the pilot regions, from CARE Member Partners (CMPs), technical teams and senior management. External stakeholders were interviewed from the IASC Gender Reference Group and GenCap [1] advisors working on revisions to the IASC Gender Marker. The review also drew on 30 surveys completed anonymously by country offices and other CARE staff engaged in the pilot. Finally, available strategic, programmatic and technical documentation related to the CARE Gender Marker pilot informed the findings.

The review was time-limited (20 days). Therefore, recommendations have been based on feedback from a relatively small number of stakeholders and secondary sources of information. It should be noted that as this was a pilot, there is no central information platform on which all the technical and programmatic reports relating to the pilot process have been consolidated so key documentation may have been missed. As the interview process was time-constrained, some key informants were unavailable for interview. The interview process also revealed that activities have been implemented which have not been captured within the pilot documentation. It is highly probable that this review did not capture the full range of activities, experiences and lessons from the pilot process.

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[1] The Gender Standby Capacity Project (GenCap) - an IASC initiative created in 2007 in collaboration with the Norwegian Refugee Council (NRC) - seeks to facilitate and strengthen capacity and leadership of humanitarians to undertake and promote gender equality programming to ensure the distinct needs of women, girls, boys and men of all ages, are taken into account in humanitarian action at global, regional, and country levels.

Section Two - CARE Gender Marker and Pilot Process

1. What is the CARE Gender Marker and why have it?

CARE has made strategic commitments to ensure gender integration and women's and girls' empowerment in its humanitarian work. CARE recognises that emergencies impact women, girls, boys and men differently and that humanitarian responses need to identify and address these different needs. The CARE Gender Marker is a tool that grades, on a 0-2 scale, whether or not humanitarian relief work is prepared for, designed, and implemented in a way that ensures women, men, boys and girls of all ages benefit equally; and if it will contribute to increasing gender equality.

The CARE Gender Marker comprises guidance notes and a vetting form to be applied at each stage of the programme cycle. It is important to note that it is not intended to be a standalone tool to integrate gender into projects. Rather it is a tracking tool to assess the level of gender integration at each stage of the programme cycle. It is part of a package of tools[2] developed and managed by the Gender in Emergencies (GiE) team, that when collectively applied should lead to gender mainstreamed programmes and projects, contributing towards gender equality outcomes.

CARE's Gender Marker draws on the IASC Gender Marker launched in 2010 to ensure gender equality is part of the Consolidated Appeals Process. The IASC Gender Marker is used by the clusters to evaluate whether humanitarian project proposals will equally benefit men, women, girls and boys, and assess its potential to contribute to gender equality. CARE's Gender Marker expands on this, extending its application throughout the humanitarian project cycle, from preparedness to proposals and into the response. In a review of the IASC Gender Marker in 2014, one of the main limitations identified was that the tool stopped at the design stage and did not track whether what was planned was implemented, or whether implementation resulted in the expected gender outcomes.

The CARE model recognises the importance of integrating gender through the whole programme cycle, with learning from each stage informing the others. The aim of the tool is to ensure that CARE's humanitarian responses are informed by an accurate understanding of the needs of women, girls, boys and men at each stage of the response, with the ultimate aim of understanding whether planned responses result in gender equality outcomes. Being able to track and demonstrate the impact of gender integration in humanitarian programming will support advocacy for increased gender integration and tracking among all humanitarian agencies.

The tool has a number of functions:
- To track the integration of gender in humanitarian projects;
- To enable / to build capacity of CARE staff to assess and meet the different needs of women, men, boys and girls;
- As an internal accountability tool to monitor whether CARE is meeting its strategic commitments in regard to gender in humanitarian programming.
- To support communications and advocacy around gender integration.

The CARE Gender Marker will fit into the proposed humanitarian monitoring system that is designed to evaluate how effectively CARE's emergency work meets its stated goal "*to be a leading humanitarian agency having lasting impacts on the needs of poor women, men, boys and girls affected by humanitarian crisis and known for our particular ability to reach and empower women and girls in emergencies.*"

2. The Pilot Process

Aim

The pilot was designed to assess CARE's gender work from EPP, through design, to implementation of the response and evaluation, with the aim of determining whether the Gender Marker can track CARE's

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[2] GiE Guidance Notes, Gender Action Plans (GAPs), Gender in Briefs, Training Series (Gender in Emergencies, Gender Marker Practical Training)

gender sensitivity through the humanitarian programme cycle and whether it can be applied and be useful in other areas of the cycle. The pilot had the following areas of focus:

1. To explore how the Gender Marker functions at a variety of different levels within the organisation
2. To reflect on potential problems, challenges and successes with implementing the proposed Gender Marker;
3. To help frame the way CARE moves forward and develop the rollout of the Gender Marker, with changes directed by the findings of the pilot.

The Pilot Model

The pilot was designed so that the CARE Gender Marker would be applied at each of the key stages of the programme cycle, at which point, the same four-step process was to be followed.

Training & Technical Support

Two training sessions were planned for all those participating in the pilot. The first was on broader gender issues, such as the relevance of gender to humanitarian emergency work. The second was a practical training on the Gender Marker, how to grade and the pilot process. The pilot team developed a training pack, to be either in person or via WebEx. The pilot team would be available to provide distance support whenever needed (as much as possible).
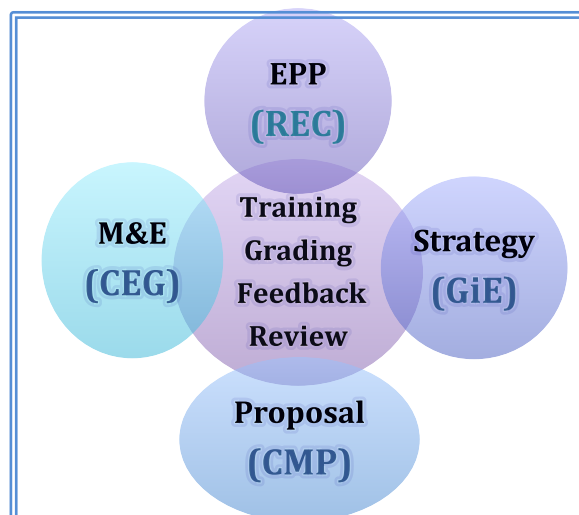
Grading: At each phase of the project cycle, pilot participants responsible for grading were asked to gender mark the response. If rolled out, the final Gender Marker grades will be integrated into organisational systems (for example, the EPP Dashboard, GAP database and the programme monitoring database). However, it was planned that during the pilot, participants would be provided with an online spreadsheet to store their grades and comments.

Feedback: As part of the capacity building loop, it was planned that the grade should be shared and discussed with the Country Office by the person responsible for grading.

Review: The review step was planned at two levels. At the country office level, it was to see if the feedback resulted in revision and strengthening of gender integration. At the pilot level, the review focus was designed to enable changes to the model throughout the process based on the feedback coming from the participants.

Roles and Responsibilities

Under the model, responsibility for applying the tool rests principally with four different organisational levels / teams; Regional Emergency Coordinators (RECs), GiE Team, CMPs and the CARE Emergency Group (CEG) Monitoring & Evaluation Team.

CARE Gender Marker Pilot				
PROJECT CYCLE STAGE		**WHO IS RESPONSIBLE**		**WHAT TO GRADE**
Emergency Preparedness	→	**RECs**	→	**EPP Report**
Strategy	→	**GiE team**	→	**GAP/ Emergency Response Strategy**
Proposals	→	**CMPs**	→	**Funding Proposal**
Implementation	→	**CEG/M&E team**	→	**After Action Review(AAR)/ Real Time Evaluation (RTE)**

The reason for choosing theses stakeholders was two-fold:
   a) To provide separation between those grading, and those producing the work that is graded;
   b) To limit the additional workload on COs.

The pilot was conducted from January – December 2014 through application in the Syria Regional Response and West Africa. The two regions were selected to ensure the pilot size was manageable, to aid in the likelihood of collecting results from the full-cycle – from preparedness through to response - and to try to ensure sufficient support, resources and training were available to all pilot participants. As the pilot was being prepared in late 2013, Typhoon Haiyan hit the Philippines and the decision was taken to apply the CARE Gender Marker, to see how the approach worked in a Type 4/Corporate emergency.

The pilot was constrained by the fact that there was no additional budget to support the process, following lack of interest from donors to fund the pilot. All pilot activities had to be conducted within existing budgets and work plans.

Section Three – Does the CARE Gender Marker support the tracking of gender integration at all stages of the humanitarian programme cycle?

3.1 Results

Summary: The CARE Gender Marker has been partially implemented through the humanitarian programme cycle.

The successful application of the Gender Marker has varied depending on the region, the stage and the type of emergency. Of the three pilot areas, the Philippines and the Syria regional response applied the CARE Gender Marker in three of the four stages of the humanitarian programme cycle. In West Africa, progress has been slower and formal application of the tool has only recently begun beyond the proposal stage. In both the Philippines and the Syria regional response, it is possible to track the level of integration through three stages of the response.

In **the Syria Regional Response,** the pilot was launched in January 2014 with a regional workshop for representatives of all the country offices and regional team. The GiE team provided support fro the development of information resources. Each country office developed GAPs as part of the strategy response phase. Gender marking of the EPP's and Emergency Response Strategies (ERS) was conducted in January and August 2014, in both cases, by the GiE team. The gender marking of proposals was done as planned by CMPs and an external evaluation team gender marked the implementation phase in August in Lebanon and Turkey.

In **the Philippines**, CARE classified Typhoon Haiyan as a Type 4 corporate emergency, which meant that resources (financial, time, human) were prioritised to support the response. The GiE team was able to provide on-going technical support to the country team through the first few months of the response, ensuring a focus on the gender analysis and integration. An adapted model of the gender marker was applied, recognising the constraints of a Type 4 response, which meant that coding at the design stage was done retrospectively. Although, it was planned to code implementation through the external evaluation process, this did not happen as the external evaluators did not feel familiar enough with the tool to be able to do so.

Gender Marker Results by Country

Country		EPP		Strategy	Strategy (revised)		*Proposals		Implementation	Proposals (CMPs)**
Lebanon	>	/	>	0	0	>	1	>	1	2 x 1
Turkey	>	/	>	1	2a	>	1	>	1	1
Egypt	>	0	>	1	1	>	/	>	/	
Jordan	>	1	>	2a	2a	>	2a	>	/	2 x1

Mali	>	1	>	2a	_	>	2b	>	/		N/A
Niger	>	/	>	/	/	>	1	>	/		
Chad	>	/	>	/	/	>	1	>	/		**3 x2a 1 x1**
Benin	>	/	>	/	/	>	1	>	/		
Philippines	>	0 1	>	1	2a	>	1	>	/		**1 x 2a 1 x 0**

* In general, the coding for proposals is based on the average of one or two proposals at a fixed point in time. It does not reflect all the proposals that were submitted. Not all projects in the pilot countries were coded and / or codes communicated to the pilot teams.

** The last column reflects the projects that have been coded by the CMP. These codes have not necessarily been shared with the Country Office.

In **West Africa**, the pilot was launched in April with a regional WebEx training. This was followed by another WebEx training in French and a regional workshop in Niger in June 2014. Despite this level of training inputs, it has only been in 2015 that practical application of the Gender Marker has moved beyond the proposal stage. In Mali, the Gender Marker was applied to the EPP during the workshop process and to the ERS in March 2015. In Niger, the country office has applied the tool to a number of proposals since the June 2014 workshop, but the process has not been captured in the pilot tracking systems. They plan to apply the Gender Marker to the ERS in April 2015 and are also planning adaptations to apply it to the implementation phase in the same month.

A combination of factors has impacted on the slower implementation of the pilot in West Africa. The materials had to be translated into French, which due to the lack of funding was done by the two regional staff members around their other duties. As compared to Syria and the Philippines, there was less dedicated Gender in Emergencies support to the countries in the region. The GiE advisor based in West Africa has offered valuable advice and guidance but has a globally deployable position, which means that she is often deployed elsewhere. Finally, the Ebola crisis that broke out in West Africa in mid-2014, impacted upon the countries' and regional team's ability to engage outside of the emergency as the priority of the staff was to support the Ebola response. There was limited additional capacity to integrate the Gender Marker tools at that point.

Moving beyond the initial scope of the pilot

The CARE Gender Marker pilot has created interest and momentum beyond the initial scope of the pilot. This interest has manifested in a number of ways. A number of country offices have expressed interest in the tool. CARE Pakistan has started the process of applying the tool to their humanitarian proposals and has developed a two-year Gender in Emergencies capacity building plan for their staff. They are only waiting for additional guidance before they also apply the marker to the implementation phase.

> **CARE Niger** has taken the training beyond the initial scope and trained all 10 programme staff members in applying the tool, so that it can be applied to all proposals. They plan that all programme staff will be part of the process of applying the Gender Marker to the implementation phase, so that the learning can be applied programme wide.

The team managing CARE's internal ERF has made the Gender Marker a requirement at the proposal stage and are working with the GiE team to explore the possibilities of integrating components of the marker in the monitoring phase.

The roll out of the CARE Gender Marker within a package of broader GiE training has at least partly been attributed with increasing focus on and engagement in GiE work. The number of technical support requests to the GiE team increased in 2014.

One of the potential downsides of any Gender Marker is that the work gets reduced to a number, which becomes the primary focus of teams.

3.2 Humanitarian Programme Cycle – How does the Gender Marker function at each stage?

Summary: The CARE Gender Marker has added value to the gender in emergencies work. It has functioned best at the strategy and proposal stage. Coding the implementation stage continues to be the biggest challenge**.**

Added Value

Feedback from respondents regarding the CARE Gender Marker pilot has been positive, despite the mixed success in applying the tool through the programme cycle. Although challenges and issues have been identified, respondents recognised that the CARE Gender Marker offers the opportunity to track and demonstrate gender integration, which can support the achievement of gender equality outcomes. Three main areas of actual and potential added value have been identified.

a)   Puts focus on gender through the humanitarian programme cycle.

The fact that the gender marker gives a single rating for each stage of the cycle was identified as positive, notwithstanding the potential subjectivity of coding and the risk of oversimplification. The rating puts a focus on gender and has the potential to foment action to address gaps. The CARE Gender Marker creates the space to think about gender at each stage of programming and to reflect on lessons learnt.

b)   Accessibility of the tool.

Respondents appreciated the relative simplicity of the tool and the ease of application. While, a number of recommendations were made to strengthen or amend the tool for application to the different stages of the cycle, it was widely recognised that a key criteria must be to keep the tool relatively simple so as to be accessible to non-gender specialists.

c)   Accountability.

The tracking and accountability element of the tool was also identified as a positive, both within projects and programmes and within and between CARE structures. It was also seen as a tool that can help CARE demonstrate what it is doing externally.

Gender marker application through the cycle

Stage	Summary Findings	Horizontal and Vertical Linkages	Challenges	Recommendations
EPP	- Less than half the countries have coded EPPs. For the Syria Regional Response, two of the four countries were new structures without an EPP. - EPPs are revised periodically. Feedback from the countries and / or RECS is that some EPPs were not updated during the pilot period and were therefore not coded. - In three of the four countries with coded EPPs, the codes were applied retrospectively. During the pilot phase, none of the COs in the Syria Regional Response have developed or revised an EPP. In West Africa, EPP revisions were placed on hold due to the Ebola outbreak. - Only the Philippines (July 2014) and Mali (March, 2015) have developed EPPs during the pilot phase. - Only one of the EPPs was coded by a REC. - Application of the Gender Marker at this stage has been reported to encourage country offices to pre-prepare GAPs.	- Currently, there is little evidence of linkages. - For the countries with coded EPPs, the evidence of impact will be how feedback from the coding is input into the development of the next EPP. - A successful example of this linkage is the Philippines EPP workshop in July 2014. The process took into account the feedback from the review of their previous EPP in December and the April AAR.	- There was mixed feedback regarding the applicability of the vetting form for the EPP stage. Some respondents reported that that the vetting form is not well suited for the EPP stage and should be adapted. Others felt that the EPP template does not lend itself to gender marking against the tool's criteria.	- The gender marking should be done as part of a workshop process, as this supports the feedback and revision process. This process has worked well in both the Philippines (July 2014) and Mali (March 2015) -Gender Marker components should be integrated into the next EPP template (currently under revision) so that it is systematised.
Strategy	- Six of the nine countries have coded strategies. The other three countries have not developed strategies during the pilot period. - The pilot has succeeding in building the application of the gender marker into design of response at the strategic level. - A number of GiE tools have been	- Three of the six coded strategies have undergone revisions, following feedback, resulting in improved gender integration. - Of those survey respondents that reported receiving feedback on their strategies, the majority found the	- The current template does not easily fit with the gender marker components. The emergency strategy process is currently under revision. - Few other challenges were reported with the strategy stage, other than how to ensure / track	- Ensure that the feedback loop is followed and time bound. - Track level of gender integration into the next iterations of the ERS. - Any changes to the ERS

	incorporated into the ERS process, supporting stronger gender integration. - The use of the Gender Marker at the strategy level has raised the profile of the tool and greater demand for support has been reported.	feedback helpful at least in "in some capacity" in making the strategy more gender sensitive. - A few respondents reported that the strategy has informed the proposal development process in terms of gender integration. Others have reported the reverse impact, when a strategy development process has been informed by feedback from previously reviewed proposals.	that feedback in integrated into revised strategies.	template should integrate gender maker components so that it is embedded in the process.
Proposal	- The gender marker has been uniformly applied at the proposal stage. A number of COs are familiar with the IASC Gender Marker, which is applied at this stage. - Not all proposals in the pilot countries have been gender marked during the pilot phase. This depended on the source of funding, the CARE Member partner engaged and the level of interest of the CO. - Following exposure to the pilot, the ERF has incorporated the Gender Marker into its requirements for funding. - CARE UK, CARE Australia and CARE France apply the Gender Marker to all their humanitarian proposals, regardless of the location. - CARE Netherlands has recently taken a decision to do the same. - CARE Canada uses the Gender Marker in the first phase proposal and bases feedback around the Gender Marker criteria. - A number of the countries report	- As above, linkages between the proposal and strategy stage have been most commonly observed in the pilot phase. - It is not possible at this stage to track an increased capacity around gender integration in the proposal stage. This will only be possible after a few rounds of proposals. - CARE UK, CARE Australia and CARE France use the tool to develop feedback for the country offices but they don't share the codes with the partner. They use the code for purposes of internal accountability.	- The tools are very simple and useful. The issue is the subjectivity of coding. - Feedback can be inconsistent. All vetting forms come with a code, but many come with no comments or only basic ones. The feedback in the comment section is the most useful element. - The GM has not been consistently applied to all proposals in the pilot regions. This is a missed opportunity to track how/if capacities develop within COs. - Some staff report lack of confidence in applying the tool and giving feedback.	Need more guidance / weighting of criteria to support the review process. Amend the vetting form, making the comments section compulsory and giving more examples of the types of recommended actions to be undertaken for the reviewer to pick from and amend to the context. Refresher / cyclical training for staff at all levels, recognising the level of staff turnover particularly in the country offices and in the CMPs

	applying the tool to proposals to strengthen them before submission to either the donor or the CMP. This has not been captured in the pilot data.		
Implementation	- Coding of the response has been minimal. - In the two cases, where it was undertaken, it was lead by an external consultancy team. - Within the pilot, it has not been clear where the gender marker should be applied in the implementation phase or how this should be done. - CARE Niger is planning to adapt the tool and apply it to the implementation phase in April 2015. - CARE Jordan is involved in a pilot led by the inter-agency GenCap advisor around monitoring gender integration during project implementation.	- Based on feedback from the two countries involved, the follow up to the gender marking of implementation has been minimal.	- There is disagreement and / or confusion between respondents about what should be coded at the implementation phase and when. Should it be on-going project implementation or project / programme evaluations or both? - The majority of respondents expressed a lack of confidence in applying the Gender Marker to the implementation stage. - Based on the experience with the external evaluations, it was felt by respondents that the if the response team are not familiar with the tools, then they there is little value in applying the tool in that situation). - The vetting form for the Gender Marker is not considered sufficient to apply to the implementation stage.	- The Gender Marker should be applied during project monitoring and evaluation stages. - Programme staff should be trained to take on some of the monitoring roles. - Evaluation teams for AAR/RAR need to be trained in Gender Marker and session plans developed for these forums. - The template for monitoring should be amended to meet the needs of both stages.

3.3 How well did the tool and four-step process at each stage work?

Summary: The tool and four-step process at each stage of the cycle worked to varying degrees. It was most successful at the design stage. Significant changes to the tool and additional guidance are required for the implementation stage. Some adaptation is also recommended for the EPP

Elements		Comment
Training & Technical support	☑	• Training was rolled out as planned during the pilot. At least 229 people have been trained during the pilot phase. This includes 15 CEG members, 26 rapid response team (RRT) members and surge staff, 24 CMPs staff and 141 CARE staff and partners in the regions and country offices in the pilot regions. • All of the countries bar the Philippines received training on the Gender Marker prior to the grading process. • Training was well received and respondents reported greater levels of confidence after receiving the training in understanding of gender, gender in emergencies and in terms of application of the gender marker. • The GiE team have utilised multiple avenues for training – from in-country workshops, piggybacking on regional events and through WebEx. • Although the COs, with the exception of the Philippines, received training in the Gender Marker, only 5 / 12 CO respondents to the Global Survey on the Gender Marker reported receiving training. There are a number of possible reasons for this; the person completing the survey was not the one who received the training, staff changes in the office, the respondent was not in a pilot country, or a misunderstanding of the question. Through key informant interviews, it appears that at least part of the answer is that there have been a number of new staff in the pilot COs since the launch of the pilot who may not have received training / formal orientation. • Gender integration was viewed as easier by COs when there has been a gender advisor located in the office. • The availability of specialist technical support was also appreciated. • The continued backstopping support from the GiE team for the coding process was identified as a strength. Some respondents felt the need for this to continue for a longer period. This will not be possible in the long-term, but alternate mechanisms of support for coding such as peer review panels could be considered with occasional follow up support from a gender specialist.
Next Steps: GiE team to develop periodic programme of trainings for the regions.	
• Pilot team to review how the new staff are inducted / oriented to GiE work generally and Gender Marker in particular, to ensure that it is integrated appropriately into existing packages.		
• A formal record of trainings, participants and evaluation feedback should be kept to enable systematic review of who has been trained and when. There has been a high level of support from the GiE team, which may not be sustainable in the long term. Alternate mechanisms for providing a two-tier gender backstopping system should be explored		

Elements		Comment
Tool – General Application	☑	• Overall the tool was found to be relatively easy to use, even for non-gender specialists. • People who received training had a level of confidence in its application. • A few people identified that it was difficult for non-gender specialists to apply, and that the language may exclude some people. • It is therefore important that the Gender Marker training continues to be located within the broader GiE training package and support.

Elements		Comment
Vetting Form		• The tool should be adapted for the implementation phase with additional guidance provided. • The simplicity of the vetting form was appreciated. It was seen as most useful in its current format at the proposal stage. • The vetting form should be amended for the EPP & Implementation stages. • The comments section, when done well, was identified as the most useful part by the country offices. An overall comments section should be added. • The emphasis on the comments section should be strengthened, with concrete suggestions for actions made. • Additional guidance regarding how to apply the Gender Marker to the implementation phase was requested.

Next Steps: Review language in GiE guidance documentation and Gender Marker. However, there will be some technical language and this should be addressed by the broader training.
- Review vetting forms for each stage of the cycle to ensure that they can be easily applied. Coding bands should remain the same across the cycle.
- Develop additional tools and guidance for application of the Gender Marker to the implementation phase

Elements		Comment
Coding		• The coding categories are relatively simple. Respondents appreciated the system as a tool to measure levels of gender integration. • Concerns were raised around the subjectivity of coding by both gender and non-gender specialists. Coding across all the stages can be quite nuanced, even for specialists. Some examples were reported where GiE specialists had different opinions regarding which grade should be given. • A level of subjectivity is inevitable in any coding system and this is an issue that has been raised with all the Gender Markers (IASC, ECHO). • There will always be room for some individual interpretation but there is a need to minimise the range of discrepancy in application. • Additional guidance on the weighting of criteria has been requested. • A secondary review level / quality control system was identified as a need by a number of respondents. • A few respondents raised the issue that the current bands for coding were too broad and requested additional categories that could link more to longer-term development initiatives. However, one of the values of the tool is that it enables alignment with external gender markers, and this should be maintained. Weighting and additional criteria may help address the concern. • Need to make the coding process more structured and a requirement that detailed comments should be compulsory.

Next Steps: GiE team to review feasibility of introducing weighting system for criteria. There is a need to balance coding concerns with maintaining the accessibility of the tools.
- CMPs, RECs and GiE teams to instigate periodic review panels to review coding and develop common understanding of banding.

Feedback & Review		Comment
EPP **Strategy**	☑	• Feedback on EPPs has been retrospective, with the exception of Mali and the Philippines. The recommendation from these experiences is that the gender marking should always be done as part of the workshop process. • The feedback and review loops have worked relatively well at the strategy and proposal stage, although some inconsistencies have

		been reported.
Proposal	☑	• Country offices report incorporating feedback (when it has been received) in some capacity at the strategy level.
Implementation	☒	• Although the coding is not always shared by the CMPs, guidance based on the gender marker criteria is fed back to the countries, which for the most part was found to be helpful by the COs.
• The degree of value of the feedback has depended on how comprehensively the vetting form has been completed.

Next Steps:
• The feedback loop should be formalised and done at each stage of the process. Comprehensive feedback should be given as routine to strengthen the feedback loop.
• The pilot / M&E team should develop a database to track progress over time at each stage of the programme cycle and between stages of the programme cycle.

3.4 Cross-organisational functions in the CARE Gender Marker Pilot

Summary: The successful application of the gender marker across the humanitarian programme cycle requires the engagement of staff across the CARE structures, stronger accountability, and integration of the tool into organisational systems.

Roles and Responsibilities are largely the right ones but haven't always been clear or delivered as expected.
• Overall, the roles as trialled in the pilot were felt to be the right ones for the pilot phase.
• Some roles / functions of the role were not delivered as anticipated in the pilot design.
• For a number of stakeholders, the expectations of roles were not always clear.
• There was a need for more work to be done with the different structures within CARE to clarify expectations and their level of interest. There was a perceived lack of leadership of the different CARE entities inclusive of the CMPs, country offices and CARE International structures.
• There was no one person who knew the status of the pilot application at any one time within the pilot regions.
• The responsibility levels were not clear between the different stakeholders. The COs did not see where their roles fit in the structure.
• As the pilot is scaled up, there is a strong recommendation that COs should take ownership of the Gender Marker, to the point that they become the primary users. There should continue to be an external role of review, feedback and specialist support to maintain consistency in application across the organisation and enable tracking.

There was need for more centralised, senior leadership of the pilot. There was a focal point for the pilot, to field questions, and track progress against the plan. However the role did not have the authority to direct actions or hold others to account for delivering their elements of the pilot. In any scale up phase, such a combination of functions should be considered. Additionally, space should be created in the core workload of all those involved, so that it is not seen as an "extra" function.

Accountability for delivery was not clear.
• For many, it was not clear who was accountable for ensuring the different elements of the Gender Marker pilot were implemented.
• The inconsistent engagement of some staff and COs has been attributed in part to workload and in part to a lack of follow up by senior management.
• A difficulty for some of the CARE International staff (GiE, RECs, CEG more broadly) is that theirs' are advisory roles and the authority lies with Lead Members.

Overall, accountability mechanisms needed to have been defined more for the pilot stage, with linkages to performance monitoring of staff and country offices in terms of delivering the next steps.

Gender Marking of the Implementation phase did not take place as planned
- For many, there was a lack of clarity around what should be marked, by whom and at what point in the implementation phase.
- Most respondents also felt that the gender marker tool required significant adaptation to be applied at this phase.
- The commitment to apply the marker to implementation exists, but respondents requested more guidance and training in this area.

Communication and Information Management were quite weak
- Although originally planned in the design, there was no online information "portal" to report data across all the components and track the application of the Gender Marker at all levels. This would have made it easier for all participants to share data, access information and track progress.
- There were limited opportunities for lesson sharing.
- Some CMPs record the gender marker grade as part of their organisational accountability systems. It is important to also store these grades on a central database.
- There pilot did not have a clear communication structure and this limited the ability to provide regular updates.

During the pilot phase, it was not possible to integrate components of the tool into organisational information management systems. However, in any next phase, it would be desirable to run a trial integration or establish a temporary information management system.

Gender Marker components should be integrated into organisational systems & practices where possible.
- There are a number of organisational systems currently under review or planned for review.
- Suggestions for areas of integration include EPP, ERS, ERF, and AAR/RAR templates, and organisational monitoring systems to the extent possible.
- Integration of gender and the gender marker into the leadership training programmes.
- Respondents also suggested that some other tools such as the start up, close out and programme quality assessment tools could benefit from having elements of the gender marker integrated into them.

Section Four - Broader sectoral learning from the Pilot

Summary: It is important that the impact of gender integration in emergency responses can be demonstrated. The CARE Gender Marker tool should continue to be aligned with the IASC tool to enable broader results analysis and advocacy for gender equality programming.

External Gender Markers

Monitoring and tracking the levels of gender integration through the programme cycle and linking this to gender equality results is a relatively new area of focus in humanitarian programming. It is incumbent upon all organisations developing, piloting or implementing tools in this area, that lessons are shared regarding viability of and challenges with different approaches.

The two best known know gender markers in the humanitarian community are the IASC Gender Marker and the ECHO Gender and Age Marker.

- The IASC Gender Marker was developed in 2009/2010. It is applied to individual projects submitted through UN consolidated funding mechanisms. In March 2015, the decision was taken to extend the IASC Gender Marker from proposal design to implementation and to include age within the IASC Gender Marker coding, guidance and tip sheets. The design and first phase piloting process will take place in 2015. CARE is well positioned to feed into the process, through participation in first phase country pilots and through representation in the "Gender Monitoring Gang", a group of UN and NGO representatives supporting the process. Also in March 2015, the decision was taken to incorporate age into the coding and criteria and review the utility of maintaining both the 2a and 2b codes.

- The ECHO Gender-Age Marker, launched in January 2014, considers gender and age and

assesses the integration of both from the proposal stage through to project implementation and evaluation. Another, fundamental difference with the IASC Gender Marker, is that although a code is given at the design stage, the final code is not awarded until the completion of the project, based on reports and monitoring visits.

A number of NGOs have a focus on gender in their humanitarian work and have adapted monitoring systems to capture gender integration, none have as yet, launched their own gender marker systems.

Lessons from the CARE Pilot

The difference between the three gender markers is that CARE's is the only internal organisational tool. CARE therefore has more space in which to shape organisational systems and functions to the support the application of the Gender Marker.

Although the pilot phase has not fully achieved its aims, it has nevertheless highlighted a number of important areas to progress the model and tool.
1. Build on the staff interest and commitment that has been generated by the pilot process to move this forward.
2. The tool should be kept relatively simple and accessible, even as it is adapted to suit each stage of the cycle.
3. Capacity building, accountability and tracking need to be balanced.
4. Capacity-building support is needed at the beginning of and periodically through the cycle. The system needs to be adapted and expanded to make this manageable.
5. An accountability element is necessary, to maintain focus in the event off many competing priorities.
6. A centralised database is necessary to maintain engagement and to enable collective tracking of progress.
7. Be as specific as possible in terms of what is being marked in the implementation phase.
8. Implementation should include the lifecycle of the project and the evaluation phase.

Externally:
9. The experience from the CARE pilot suggests that programme staff struggle to apply the current IASC model to implementation of the response. Feedback suggests that the tool is considered "too simple" to properly capture levels of gender integration either during project implementation or evaluation.
10. The pilot suggests that Gender Marking in its current form may have application beyond proposals to other parts of the project-cycle which review documents: in this case to review strategy and with some modification to review EPPs.
11. The feedback and review step at this phase is critically important to ensure issues are addressed during the project period. This supports the work of the Gender Monitoring Gang to develop and test revised tools for grading response.
12. Alignment particularly with IASC, but also other agencies' tools, should be maintained to enable common tracking, reporting and lesson sharing. Other agencies thinking of developing their own tools to align with the IASC, recognising their own organisational needs, to support common reporting and accountability.

The value of the CARE gender marker for the organisation is that builds on work within the sector and is therefore comparable with the grades from the IASC system. This is useful for increased internal accountability of gender mainstreaming throughout an organisation rather than only focused on monitoring gender specific pieces.

Section Five - Next Stage - Scale up

Summary: The pilot should be scaled up through a phased approach, building on the lessons learnt. Special focus needs to be given to the availability of gender specialist capacity and developing the tools and approaches for the implementation phase.

Feedback from respondents was overwhelmingly in favour of scaling up the gender marker as a tool to track gender integration and gender outcomes through the humanitarian programme cycle. Although there have been challenges in the pilot phase, this was to be expected and has provided a good basis to move on from. The challenges identified were not so significant as to undermine that premise of the pilot, and instead provide a focus for the key areas that need to be strengthened.

Possible Scale up Models

A number of potential models were suggested for scale up. Although a very few respondents suggested that the Gender Marker should be launched organisation wide, the majority of respondents felt to manage the process and support requirements appropriately, the scale up should be phased.

Model	Characteristics	Parallel Processes
1. Two-track	**Track 1**: Revised implementation guidance and tools are developed and piloted in two countries from within the Syria Regional Response and West Africa. Suggest CARE Jordan and CARE Niger, as they have already begun work in this area. **Track 2**: The overall Gender Marker process is launched in a new geographic area, possibly base on models 2, 3, 4 below. The scale up into the implementation phase could be staggered to wait for the feedback from the pilot under track 1.	1. Review the organisational systems, templates and practices, which the Gender Marker could / should feed into, and develop a timeline for integrating components within them. 2. Work with relevant desk officers from the CMPs to build their knowledge of and engagement with the CARE Gender Marker. 3. Build capacity within CEG to use the Gender Marker and provide feedback through EPP, ERS, ERF and AAR/RAR processes.
2. Regional	The tools and guidance, including the implementation phase, is revised or developed. The whole process is launched in one new region, selected on the basis of interest from the COs or the CARE Lead Members.	
3. High-risk Countries	CARE presence countries are ranked by risk. The Gender Marker model is launched in a staggered approach, taking the most high-risk countries first.	
4. CMP/CEG focused	Focused at the CARE Member Partner Level and CEG Choose one CMP that has strong gender capacity, significant humanitarian experience and an interest in getting more involved in the Gender Marker roll out. Roll out the model through them, including the revised implementation guidance. It's possible to choose two CMPs, of different profiles, to support learning at the CMP level through the process.	

It is important that the scale up process applies the lessons from the pilot phase and puts process steps in place to support the process.
- A time-line should be developed in which to complete the scale up process. Each phase of the scale up should also have a time-line within the overall plan.
- Criteria for the selection of scale up countries / regions should be developed and shared.
- Key milestones should be identified during the scale up process as indicators of success and progress.
- One leadership role should have overall responsibility for the central coordination of the scale up
- A communication plan should be put in place / integrated into CI systems to provide regular updates, data review and targeted briefs, in order to maintain the interest and engagement of the rest of the organisation.

Key issues to consider in scale up

Each of the models described above has strengths and weaknesses. The senior management team will have to select the model or a hybrid of the models that is most fit for purpose in the CARE context and most meets CARE's requirements in terms of scale-up time-line and resource availability. The following areas should be taken into consideration when making the decision.

1. Capacity to support the scale up

Learning from the pilot phase, sufficient capacity (human, technical, financial) needs to be in place to support the scale up. This is across the same organisational positions as the pilot, but could also be with an increased focus on strengthening the roles of the country offices in the application of the model.

2. Continued levels of support for the pilot regions and roll out of any revised guidance and tools.

As the pilot is scaled up, it is important to remember that the process has not been completed in either West Africa or the Syria Regional Response and this should be factored into the scale up model.

3. Lesson-sharing between the scale up countries and the pilot regions.

It would be ideal to set up a forum between the pilot regions and the first phase scale up countries to maximise lesson-sharing opportunities.

4. Potential Changes in CARE structures. Several possible changes to CARE presence and systems were mentioned during the review process. It is critical that the CARE Gender Marker process and scale up integrates with these broader changes where possible.

> **Expanded Gender Capacity within CARE.** As the Gender Marker is rolled out there will be a need to strengthen the capacities of senior management, programme and other specialist / technical teams in the country offices, at the regional and at the CMP and global levels. This will require more support and engagement from the Gender in Emergencies team, or other gender specialists managed by them. Potential sources of "extra" specialist capacity within the CARE structure could be found within the gender in development specialists. CARE US has mapped this capacity across the organisation and is developing a technical support model, based on cost recovery, which should come online late in 2015. The Rapid Response teams might be a source of first line generalist support.

Section Six – Recommendations

The pilot has demonstrated the added value of applying the gender marker through the programme cycle and has generated commitment and momentum among CARE staff to take the work forward. Although the pilot did not manage to track gender integration at the implementation stage or to gender equality results, it did identify the key challenges and what needs to be done in order to achieve this. There are four main recommendations arising from the pilot.

Recommendation One: The CARE Gender Marker pilot should be scaled up, through a phased approach, across the organisation.

Recommendation Two: An additional tool and guidance should be developed for application to implementation phase and should be tested in the pilot regions. The current format is not well-suited to the implementation phase.

Recommendation Three: Adaptations should be made to the tool and guidance to strengthen the application at the EPP, Strategy and Proposal stages of the programme cycle. Gender Marker components should be integrated into organisational systems.

Recommendation Four: Continue to align the CARE tool with the IASC Gender Marker particularly in terms of coding and components.

Annex One   Acronyms

AAR   After Action Review
CEG   CARE Emergency Group
CMP   CARE Member Partner
CO   Country Office
EPP   Emergency Preparedness Planning
ERF   Emergency Response Fund
ERS   Emergency Response Strategy
FTS   Financial Tracking System
GAP   Gender Action Plan
GenCap   Gender Standby Capacity Project
GiE   Gender in Emergencies
IASC   Inter Agency Standing Committee
REC   Regional Emergency Coordinator
RRT   Rapid Response Team
RTE   Real Time Evaluation

Annex Two: CARE Gender in Emergencies Tools and Guidance Notes

1. Guidance Notes
Guidance Note: An Overview
Guidance Note: Gender Equality and the Emergency Planning Process
Guidance Note: Recruiting gender balanced teams
Guidance Note: Rapid Gender Analysis
Guidance Note: Sex and age disaggregated data
Guidance Note: Gender Action Plan
Guidance Note: Integrating gender equality into project design
Guidance Note: Gender Sensitive Partnerships
Guidance Note: Gender Marker

2. GiE Tools / Templates
Gender Action Plan
Gender in Brief
Gender Marker Vetting Form & Guidance

Annex Three: FTS Data – Allocation of Funds to CARE by Gender Marker Code 2011 2015

Year	Allocation of funds by Gender Marker (GM)										Total GM funds	All funds
	0		**1**		**2a**		**2b**					
2011	885,523	3	1,170,779	5	883,056	3	0	0			2,939,358	10,443,359
2012	1,104,556	4	5,840,609	11	14,601,398	22	0	0			21,546,563	62,083,477
2013	1,825,293	1	15,549,193	14	19,133,361	21	92,892	1			36,600,739	95,159,657
2014	1,332,231	1	6,873,864	6	24,806,746	29	0	0			33,012,841	93,746,775
2015	0		0		0		0				0	3288614
TOTAL	**5,147,603**		**29,434,445**		**59,424,561**		**92,892**				**94,099,501**	**264,721,882**
Total (%)	5%		31%		63%		0%				100%	100%

Note 1: Figures in red show the number of projects by category

Note 2: The All funds column shows the total value of funds given to CARE, including those that did not have a gender mark.

Note 3: No funds have yet been allocated for 2015.

Annex Four – References Materials

1.Internal Reference Documents

Pilot Countries – Gender Marker Documentation

CARE Gender Marker Pilot: MENA Region Action Plan
CARE Gender Marker Pilot Syria Response Briefing Document
Global Evaluation Group - Gender Marker Review - 6 August 2014

CARE Egypt EPP Gender Marker Vetting Form
CARE Egypt Strategy Gender Marker Vetting Form
CARE Egypt Strategy 2 Gender Marker Vetting Form

2014.05.18_C-Jordan Emergency Response Strategy
CARE Jordan May 2014 Strategy Gender Marker Vetting Form
09082014 CARE Jordan Strategy 2 Gender Marker Vetting Form
CARE Gender Marker - Vetting Form, CARE Jordan, NIN Austria
CARE Jordan EPP Gender Marker Vetting
CARE Jordan Strategy 2 Gender Marker Vetting Form
CARE Jordan Gender Marking
EHAT Jordan Gender Marker Vetting Form

CARE Lebanon Gender Marking_completed (strategy vetting form)
CARE Lebanon Strategy 2 Gender Marker

ERF Countries
Ethiopia_15-10-ET01_Vetting Form
Malawi_15-14-MW01_Gender Marker Vetting Form

Pakistan
CARE INTERNATIONAL PAKISTAN GIE Plan (2014 – 2016)
Pakistan CARE Gender Marker Pilot

FTS Data
Pilot Design
CARE Gender Marker Pilot Design
CO Gender Marker Surveys (Survey Monkey – April 2015)
CI / CMP Gender Marker Surveys (Survey Monkey – April 2015)
Feedback Delphine Brun CARE Gender Marker Guidance
Feedback Delphine Brun CARE Gender Marker Pilot

EHAT Lebanon Gender Marker Vetting Form
Lebanon Implementation Gender Marking (2)
09082014CARE Turkey Strategy 2 Gender Marker
CARE Gender Marker - Vetting Form, CARE Turkey MOFA Luxemburg – SRH
CARE Gender Marker - Vetting Form, CARE Turkey, MOFA Germany 2
CARE Gender Marker - Vetting Form, CARE Turkey, MOFA Luxemburg - Aleppo 2
CARE Gender Marker Vetting Form Turkey Response Strategy
CARE Turkey Strategy 2 Gender Marker
EHAT Turkey Gender Marker Vetting Form
Turkey Implementation Gender Marking

CARE Gender Marker Vetting Form Philippines Response Strategy
Gender in Brief Philippines Gender in Brief Philippines
Gender in Brief Philippines
Gender Marker Application_Haiyan_Summary
GiE Philippines Case Study
PHILIPPINES_AAR_June_2014

Gender Marker West Africa Update
Gender Marker Webex West Africa
Rapport Formation Genre en Urgences-Juin 2014 Niger final
SYNTHESIS OF COMMITMENTS BY COUNTRY (West Africa)
CARE Gender Marker Pilot in West Africa
CARE Gender Marker Vetting Form - Mali
CARE Gender Marker Vetting Form - Niger

FTS CARE only by country with projects.xlsx

CMP Tracking Documents
CA CO Response Indicators 261114   (CARE Australia Gender Marker Tracker)
Gender marker Dashboard HET (March 2015) – CARE UK
Gender Marker - CARE France Emergency (Tracking Sheet)

Training & Technical Support
Gender in Emergencies with Gender Marker(PPT)
GiE Training Dubai Mar 14_Evaluation Form
Deployment_tracker_FY15 - 18 March gender and GBV
Gender Marker Training Numbers (IQ)
Compiled Capacity Mapping final_18Jun – 2014 (CARE US)

Gender Monitoring Gang / Gender Reference Group Working Papers

Background Paper- Scope of the Gender Marker
Background Paper- Gender Marker Coding
Background Paper- Gender Marker for Monitoring
IASC Gender Marker Assessment Report June 2014
IASC Gender Marker Assessment summary of recommendations

IASC Gender Marker Overview FINAL August 2012

IATF Gender Monitoring Group – Jordan
Monitoring & Measuring GE in 3RP v2 (PPT)
Draft ToR Monitoring GEM Pilot WG
Gender Dashboard
Lessons Learned IATF Jan 2014 GenCap Jordan

CARE International Humanitarian and Emergency Strategy (2013 – 2020)

2. GiE Guidance Notes & Tools
Guidance Note: An Overview
Guidance Note: Gender Equality and the Emergency Planning Process
Guidance Note: Recruiting gender balanced teams
Guidance Note: Rapid Gender Analysis
Guidance Note: Sex and age disaggregated data
Guidance Note: Gender Action Plan
Guidance Note: Integrating gender equality into project design
Guidance Note: Gender Sensitive Partnerships
Guidance Note: Gender Marker
Gender Action Plan
Gender in Brief
Gender Marker Vetting Form & Guidance

3. External Reports and Tools

Donor Spending on Gender in Emergencies 2013: An investigation by CARE International UK into the UN data on donor aid to emergency appeals for 17 countries in crisis Care International UK **(**2013)

ECHO Gender Age Marker Toolkit DG ECHO (2014)
DG ECHO Gender Policy and Gender Age Marker Facilitator's Guide DG ECHO (2014)
Gender issues in the monitoring process - A brief guidance note GenCap Factsheet (2013)
Women, Girls, Boys and Men, Different Needs Equal Opportunities - Gender Handbook in Humanitarian Action (2006)