**WHAT is in this guide?**

This practical guidance supports project teams to identify if their project is meeting the MEAL criteria of the Gender Marker, understand what the MEAL criteria in the Gender Marker means in practice, and share case examples.

**WHO should use it?**

Anyone supporting a CARE project! This includes CARE staff at Country Office, regional and CARE International Members and lead members involved in program management, design and implementation, and specifically MEAL colleagues.

**WHEN should it be used?**

Throughout the project lifecycle. To inform the design of MEAL Plans and Frameworks as part of proposal development/program design, and during project start-up. Depending on the duration of the project (e.g., short-term emergency response; one-year project, multi-year project), teams should identify times throughout implementation (e.g., monthly, quarterly, semi-annually, or annually) to discuss the project’s MEAL system. Using the Gender Marker criteria teams can assess progress along the gender continuum and identify areas for improvement and any action steps.

**GENDER MARKER MEAL CRITERIA IN PRACTICE**

Below are the criteria from Columns A and B of CARE’s Gender Marker Vetting Form. For more information and guidance on the Gender Marker, how to assess projects, and use the Marker as a learning and reflection tool, access the Gender Marker Vetting Form and Guidance.
# MEAL Guiding Questions

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<th><strong>COLUMN A</strong></th>
<th><strong>COLUMN B</strong></th>
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<td>Projects will score ‘Gender Unaware, Neutral or Sensitive’</td>
<td>Projects will score ‘Gender Responsive or Transformative’</td>
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To meet the MEAL criteria in Column A, programming needs to have MEAL systems that collect and analyse **BOTH**: sex-and age-disaggregated data (SADD); and, changing vulnerabilities, capacities, and needs.

To meet the MEAL criteria in Column B, programming needs to have MEAL systems that collect, analyse, and address **ALL FOUR** of the following: 1) changes in agency, structure, and relations; 2) sex- and age-disaggregated data; 3) unintended consequences; and 4) changing vulnerabilities, capacities, and needs.

## Sex- and Age-Disaggregated Data

### Is the MEAL system collecting and analysing SADD?

**CRITERIA IN PRACTICE:**

Specify indicators within the MEAL Framework at all levels (output, outcome, impact) for which both sex- and age-disaggregated data will be collected).

- **Rarely**, a project may only work with participants of a single age segment or sex (e.g., females of reproductive age). It is still necessary to note these in data collection to meet this criteria.

- **Ensure data collection forms and monitoring tools include space to collect and record ALL SADD indicator data required.**

### Is the MEAL system collecting and analysing SADD? AND Is this information used to regularly adapt the project to the changing vulnerabilities, capacities, and needs identified?

**CRITERIA IN PRACTICE:**

- **Specify indicators within the MEAL Framework at all levels (output, outcome, impact) for which both sex- and age-disaggregated data will be collected.**

- **Rarely**, a project may only work with participants of a single age segment or sex (e.g., females of reproductive age). It is still necessary to note these in data collection to meet this criteria.

- **Ensure data collection forms and monitoring tools include space to collect and record ALL SADD indicator data required.**

- **Schedule project team meetings to analyse SADD data**

- **Discuss as a team how data may reflect changes in:**
  - Participants’ needs
  - Risks and vulnerabilities
  - Capacity.

- **Discuss how programming has been adapted to date, what effect(s) this has had and what action steps are needed for further adaptation.**

### Case example (criteria in Columns A and B not met): Project Yellow is a Women’s Economic Empowerment Project. In its first year Project Yellow collected sex-disaggregated data for activities targeting only women, but did not disaggregate the data by age.

### Case example (criteria met for both columns): Based on their year 1 Gender Marker exercise, the Project Yellow team collected sex- and age-disaggregated data from year 2. The Project’s MEAL Framework noted that SADD will be collected for over 50% of output and outcome indicators for the remainder of the project. The Project Yellow team makes sure that all relevant data forms include space to collect sex and age information for all participants and respondents. The Project Yellow MEAL Officer aggregates all of this data, shares it with the project team, and includes it in project reports. SADD data is discussed and analysed at quarterly MEAL meetings.

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1 Age segments may vary by country or sector; however, commonly used segments include: children 0-9; adolescents: 10-19; very young adolescents 10-14; older adolescents 15-19; adults 19-60; women of reproductive age 19-45; elderly adults 60+. 

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Vulnerabilities, Capacities, Needs

**COLUMN A**
Projects will score ‘Gender Unaware, Neutral or Sensitive’

Are the vulnerabilities, capacities and needs (including risks of gender-based violence and sexual harassment, exploitation and abuse) for people across ages and genders identified and routinely monitored and analysed and addressed throughout programming?

**CRITERIA IN PRACTICE:**
- Vulnerabilities, capacities, and needs (changes in access to rights, safety, security) identified from the gender analysis are tracked through routine monitoring (e.g., monitoring visits, activity/service data, focus group discussions (FGDs), community-based feedback mechanisms).
- Protocols and data collection tools are developed to collect data on vulnerabilities, capacities, and needs.
- Project teams meet regularly to analyse vulnerabilities, capacities, and needs data and set a timeline to address any necessary action steps or project adjustments.

**Case example (criteria in Columns A and B not met):** Project Yellow’s gender analysis identified vulnerabilities, capacities, and needs including risks of women participants experiencing harassment in the marketplace and potential increase of GBV as a result of women’s increased income and participation in project activities away from home. Unfortunately, the project does not have resources or team members to monitor these vulnerabilities, capacities, and needs.

**COLUMN B**
Projects will score ‘Gender Responsive or Transformative’

Are the vulnerabilities, capacities, and needs (including risks of gender-based violence and sexual harassment, exploitation and abuse) for women, men, girls, boys identified and routinely monitored, analysed and addressed throughout programming?

**CRITERIA IN PRACTICE:**
- Vulnerabilities, capacities, and needs (changes in access to rights, safety, security) identified from the gender analysis are tracked through routine monitoring (e.g., monitoring visits, activity/service data, focus group discussions (FGDs), community-based feedback mechanisms).
- Protocols and data collection tools are developed to collect data on vulnerabilities, capacities, and needs.
- Project teams meet regularly to analyse vulnerabilities, capacities, and needs data and set a timeline to address any necessary action steps or project adjustments.

**Case example (criteria met for both columns):** In year 2, Project Yellow designed activities to ensure vulnerabilities, capacities, and needs are monitored and addressed on a monthly basis. Outputs/outcomes related to these risks and needs are outlined in the MEAL framework and follows risk mitigation and do-no-harm principles. The project decided not to track participant’s experiences of gender-based violence (GBV) as they do not have the resources to properly train enumerators in do-no-harm approaches or psychological first aid. Instead, the project is tracking GBV referrals provided by project staff and community-based project volunteers. In addition, all FGD facilitators have been trained in providing referrals to survivors who self-disclose experiences of GBV and have been trained to take note if FGD participants discuss observing or hearing about increases in GBV and/or harassment. The Project Yellow team meets monthly to analyse this protection data, discuss protection issues, identify areas where changes are needed, and set a timeline for making these changes.

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2 In the 2015 Gender-based Violence (GBV) Strategy, CARE defines GBV as a harmful act or threat based on a person’s sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.
## Analysis of Unintended Consequences

These criteria reflect MEAL practices for programming further along the gender continuum and are thus not applied to projects filling out column A.

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Does the MEAL system capture unintended consequences (both positive and negative)?

**CRITERIA IN PRACTICE:**

- MEAL Plan identifies methodologies/approaches (e.g., FGDs, anonymous feedback forms, participant stories) to identify unintended consequences.
- Protocols and data collection tools are developed to collect data on unintended consequences.
- Project teams meet regularly to analyse data around unintended consequences and set a timeline to address any necessary action steps or project adjustments.

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**Case example (criteria in Column B not met):** Project Yellow conducted FGDs at baseline and the end of year one. However, the FGD questions focused on changes that the WEE project intended to see, e.g., increased financial literacy, savings, and understanding of CARE’s Village Savings and Loans Associations. Staff facilitating the FGDs did not take notes on things FGDs shared that did not respond to the questions asked. There were no other MEAL mechanisms to identify unintended consequences related to the project.

**Case example (criteria met for Column B):** Project Yellow’s gender analysis had identified that cases of GBV and negative social backlash against women participating in income generation activities may occur. In year two, Project Yellow used monthly monitoring visits to identify positive and negative unintended consequences. Project Yellow also re-trained FGD facilitators to ask open-ended questions and MEAL staff interviewed individual participants privately to ask about their experiences with the project. Participants were asked about changes happening in their lives and communities – were the changes positive? Negative? Staff and FGD facilitators were trained in psychological first aid\(^3\) and how to use the GBV referral mechanism created for the project if violence was disclosed. Unintended consequences and action steps were discussed and recorded at monthly/quarterly project meetings.

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**TIP**

Make MEAL methodologies and approaches responsive to the needs of participants. For example, ensure that FGDs with women are held at times and in locations most convenient for participant’s schedules and are conducted by women facilitators.

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\(^3\) Psychological first aid involves humane, supportive and practical help to fellow human beings suffering serious crisis events. More information and guidance for field workers in the provision of psychological first aid can be found from the World Health Organization [here](#).
### COLUMN A
Projects will score ‘Gender Unaware, Neutral or Sensitive’

### COLUMN B
Projects will score ‘Gender Responsive or Transformative’

## Monitoring Changes in Agency, Structures, and Relations

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<tr>
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<tr>
<td>Monitoring Changes in Agency, Structures, and Relations</td>
<td>In the first year of implementation, Project Yellow had included indicators in its MEAL framework to track changes in women’s individual agency (e.g., their confidence in their skills and capabilities, their technical knowledge, etc.); however, Project Yellow did not include indicators to track changes in women’s relations with their partners and others (e.g., changes in household roles/tasks; changes in communication and/or decision-making), and they did not capture any information in changes in structures (informal or formal).</td>
<td>Project Yellow’s MEAL Framework was designed to include indicators for tracking changes in agency, structures, and relations at outcome and impact levels. At the design stage, the proposal team selected one of CARE’s Gender Equality Impact Area Strategy indicators to be collect and SADD. The Project Yellow team added additional outcome indicators related to shifts in participants’ confidence as well as perceptions of behaviours and social norms to track changes in agency and structures in line with CARE’s Gender Equality Framework. The Project Yellow MEAL plan, budget and work plan included adequate resources and sufficient time for baseline, midline, and end line surveys and qualitative methods (FGDs).</td>
</tr>
</tbody>
</table>

**CRITERIA IN PRACTICE:**
- MEAL Framework includes indicators focused on agency, structures and relations (e.g., changes in household roles/tasks; changes in communication and/or decision-making).
- Project MEAL Plan includes methodologies for tracking changes in agency, structures and relations (e.g., baseline/mid-term/end line quantitative survey; FGDs; other qualitative methods).
- Protocols and data collection tools are developed to collect data on changes in agency, structures and relations.

**TIP**
Include one or more of the Gender Equality and Women’s Voice Supplementary Indicators into your MEAL Framework.

### Does your team need more technical assistance on gender and MEL?
The Global Gender Cohort can help! Contact gendercohort@care.org for more information.

### Want more information on the CARE Gender Marker?
Sarah Eckhoff, Senior Impact Measurement Advisor, Gender Justice, CARE USA at sarah.eckhoff@care.org
Isadora Quay, Gender in Emergencies Coordinator, CARE International at quay@careinternational.org
Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 87 countries and reached 82 million people around the world. To learn more, visit www.care.org.