



care[®]



CARE Canada Gender Equality Health Check Method, Frameworks and Survey Instruments



Table of Contents

1	Introducing the CARE Canada Gender Equality Health Check	6
1.1	Why Do a Health Check at this Time?	6
1.2	What is the Scope of the Health Check?	7
1.3	What Methodology was Used to Perform the Health Check?	8
1.3.1	Individual Survey	8
1.3.2	Focus Group Discussions.....	9
1.3.3	One-on-one Discussions, Competency Surveys and Other Data Gathering Processes	9
1.3.4	Results Analysis and Recommendations Formulation	10
1.4	What Are the Limitations of this Methodology?	10
2	Analytical Framework and Gender Equality Vision	11
2.1	What Frameworks Were Used to Analyse the Findings of the Health Check?	11
2.1.1	Framework 1: The Gender Integration Framework	11
2.1.2	Framework 2: Four Quadrants of Gender Change.....	12
2.1.3	Framework 3: The Gender Continuum	13

Appendices

Appendix 1:	Glossary of Gender Equality Terms	16
Appendix 2:	Health Check Individual Survey Questions.....	20
Appendix 3:	Health Check FGD Schedule for Corporate Services	23
Appendix 4:	Health Check FGD Schedule for Fundraising and Communications.....	24
Appendix 5:	Health Check FGD Schedule for Human Resources and Knowledge Management ..	25
Appendix 6:	Health Check Structured Interview Schedule for Human Resources and Knowledge Management	26
Appendix 7:	Health Check FGD Schedule for International Operations.....	28
Appendix 8:	Health Check Semi-structured Interview Schedule for International Operations	29
Appendix 9:	Health Check FGD Schedule for the Contracts Management Unit	31
Appendix 10:	Gender Equality Competencies Survey for SP and BP Teams	32
Appendix 11:	Gender Equality Structured Interview and Competencies Survey for HAET.....	34
Appendix 12:	CARE Canada Gender Policy	36

Lists of Figures

Figure 1:	What are We Trying to Change Within Organizations?	12
Figure 2:	Inter-agency Gender Working Group Gender Continuum.....	14
Figure 3:	CARE Canada Health Check Gender Continuum	14

Acronyms

AOP	annual operating plan
CCGC	CARE Canada gender committee
CD	country director
CEO	chief executive officer
CFO	chief financial officer
CI	CARE International
CIDA	Canadian International Development Agency
CO	country office
EED	enterprise and economic development
ELT	Executive Leadership Team
EO	Executive Office
F&C	Fundraising and Communications
FGD	focus group discussion
HAET	Humanitarian Assistance and Emergency Team
HRKMOD	Human Resources, Knowledge Management and Organizational Development
INGO	international non-governmental organization
IO	International Operations
IOP	individual operating plan
IP	International Programs
IPIMS	International Programs information management system
IT	information technology
PCMIS	project compliance monitoring and information system
PSEA	Policy on the Prevention of and Response to Sexual Exploitation and Abuse
PwCB	Partnerships with Canadians Branch
SMT	Senior Management Team

1 Introducing the CARE Canada Gender Equality Health Check

1.1 Why Do a Health Check at this Time?

CARE Canada is in the business of facilitating change so that poverty can be overcome and women, girls, men and boys live in dignity and security. This vision requires deep structural and attitudinal change that, while resulting in powerful human rights and business wins, can often be messy. It requires staff to adhere to new values, shift priorities and strategic directions, negotiate different kinds of tradeoffs, engage in unfamiliar processes and develop new skill sets. The Health Check is a tool that demonstrates how far CARE Canada has come on the pathway of change and that guides it through the next steps of the change process. It identifies ways to maximise impact and efficiency, and mitigate risk and harm.

In 2009, CARE International adopted a gender policy that clearly lays out the organization's gender equality commitments and their expected results. Federation members report to the Care International (CI) board on progress towards these results every two years. The Health Check provides a measurement and reporting baseline against this policy. Gender policies are typically implemented through gender action plans. The Health Check provides the information that is needed to create an effective and efficient action plan for CARE Canada.

Vision 2020 solidly places gender equality at the heart of CARE's work. Compared to other federation members, CARE Canada operates in an environment and with a set of tools that positions it to take a lead in this area. The Health Check demonstrates ways in which CARE Canada can set an example to other federation members to fulfill Vision 2020.

Research from both the corporate and the non-profit world shows that organizations that are more gender equal tend to make greater profits, are more sustainable, and are better able to capture desired market share.¹ Organizations with greater gender equality at top leadership levels are also more likely to have greater organizational health, which drives financial performance.² Gender equality and workforce diversity promotes the innovation and creative problem solving needed to strengthen an organization's competitive edge.³ The Health Check identifies ways in which current gender inequalities act as business risks and makes recommendations to boost organizational performance and promote the organization's growth.

In an increasingly competitive international non-governmental organization (INGO) funding environment, the ability to demonstrate gender equal organizational practices, solid gender equality programming, and sustainable gender equality results can shift an NGO from anonymity to notoriety. Doing gender equality work means investing significant resources into tackling sensitive issues in a

¹ Joy, Lois and Carter, Nancy M. 2007. *The Bottom Line: Corporate Performance and Women's Representation on Boards*. New York: Catalyst, Inc. Research in this paper shows that those Fortune 500 companies with the most female board members outperform those with the fewest female board members in return on equity (by 53%), sales (by 42%) and invested capital (by 66%).

² Desveaux, Georges, Devillard-Hoellinger, Sandrine, and Baumgarten, Pascal. 2007. *Women Matter: Gender Diversity, A Corporate Performance Driver*. Paris: McKinsey and Company, Inc.

³ Herring, Cedric. 2009. "Does Diversity Pay? Race, Gender and the Business Case for Diversity." *American Sociological Review*. Vol. 74, No. 2. April, 2009. pp. 208 – 225.

strategic and long term manner. When an NGO produces sustained gender equality results, it demonstrates a superior ability to deliver programming that adheres to internationally recognised codes and standards and signals that it has competence beyond that of a general NGO. The Health Check helps CARE Canada determine the gender equality skills, systems and resources it needs to stay at the head of the industry pack.

Donors, especially the Canadian International Development Agency (CIDA), are increasingly demanding that organizational policies and procedures are gender equal as a funding requirement. This comes from a recognition that organizational gender equality strengthens an NGO's value for money. The Health Check identifies ways in which CARE Canada currently meets donor requirements and recommends actions for areas where those requirements are not met. CIDA's Framework for Assessing Gender Equality Results and CARE Canada's ranking according to this framework are outlined in Appendix 2.

In sum, CARE Canada is constantly in a state of organizational strengthening and change. Gender work is a key area for organizational strengthening because it contributes to an organization's competitive edge, niche, and value added. It also demonstrates organizational maturity and sustainability. The Health Check provides CARE with the data and analysis that it needs to succeed from its organizational strengthening work.

1.2 What is the Scope of the Health Check?

The Health Check was originally intended to be a short and quick survey to produce the baseline data necessary to plan gender equality work internal to CARE Canada. As the work is new to CARE, it needed to be able to affirm its current status and build broad support for the gender equality agenda fairly quickly. The methodology was accordingly designed to meet the triple goals of collecting data, raising awareness and building buy in. Given this, strategic decisions were taken to **focus the Health Check on CARE Canada's fitness to implement and see results against the gender policy**. For this reason,

- The Health Check **does not benchmark** CARE Canada's gender equality organizational performance against that of other CARE federation members or against the Canadian international cooperation community. This type of assessment involves hiring and managing independent consultants, conducting a secondary literature review and collecting and analysing data using processes of length and depth that are well beyond the scope of an initial assessment. Key issues around benchmarking to determine organizational reputation are discussed in detail in Chapter 3.
- Although CI's gender equality organizational performance impacts on CARE Canada's (and vice versa), especially in key areas in accountability (Chapter 4) and political will (Chapter 5), the Health Check does not examine how these relationships impact on CARE Canada's gender equality health. In order to ensure rigour in data collection, an examination of this kind involves extensive collaboration with widespread members of the CARE world as well as expanded data collection, interview and analysis activities that are well beyond the time frame or resource commitment for this Check. In areas where CI gender equality health has a significant impact on that of CARE Canada, this report limits analysis to **factors that are within CARE Canada's ability to control** and to expectations that it is possible for CARE Canada to meet **independently of the wider federation**.

- At the beginning of the Health Check process, a strategic decision was taken to limit the scope of evaluation to **CARE Canada headquarters only**, with the process serving as a model to be used in supporting CARE Canada country offices (COs) to perform their own Health Checks. A detailed evaluation of CARE Canada's support structures to country offices and the ability of those structures to effect gender equality outcomes in COs is reserved for that exercise. For the purposes of this Health Check, country directors (CDs) are considered CO staff, not CARE Canada staff.

1.3 What Methodology was Used to Perform the Health Check?

The Health Check was originally designed to foster high levels of staff participation and to include a strong learning component for the CARE Canada Gender Committee (CCGC). This would have given staff key roles in setting the analytical framework for the Health Check, as well as formulating and using its tools and analysing its results. Through consultation with the CCGC, however, the methodology was modified to a more consultative approach in order to ensure high levels of trust and anonymity as well as timeliness.

The method and tools were developed by the CARE Canada gender advisor with significant input from key members of staff and the CCGC. The method allowed for data collection to follow up on themes and trends as they emerged and for qualitative and quantitative data to be triangulated. The basic Health Check method is outlined as follows.

- Step 1:** Develop and administer a quantitative and qualitative, anonymous, online structured survey.
- Step 2:** Hold one- to two-hour focus group discussions (FGDs) with unit staff, divided by gender and job position as relevant. Guide discussions through structured and semi-structured questionnaires, depending on the unit and the topic.
- Step 3:** Hold one-on-one sessions with senior leaders and with remote staff. Guide these sessions with structured and semi-structured questionnaires, depending on the staff member and the topic.
- Step 4:** Administer competency testing to key technical staff in International Programs (IP).
- Step 5:** Undertake a text analysis of a random selection of CARE Canada media.
- Step 6:** Develop an analytical framework, triangulate and analyse data, and draft the results report.
- Step 7:** Present Health Check findings to the senior management team (SMT) and the CCGC. Broad base the findings among all staff.
- Step 8:** Use participatory processes with this group and with staff at large to formulate final recommendations for the report and to update CARE Canada's gender action plan.

This method ensured that all CARE Canada staff had a chance to contribute to the Health Check, and that the areas of inquiry in the Check were focused on CARE's current organizational needs and issues. The next sections describe in detail some of the key tools and processes used as part of this method.

1.3.1 Individual Survey

The individual survey included three open ended and six multiple choice or ranking questions designed to test individual knowledge of and attitude towards gender equality at the organizational level. It was

open from July 6 to August 25, 2011 on Survey Monkey. CARE Canada staff located outside of Ottawa (but not including CDs) were also contacted and encouraged to fill out the survey. Thirty-six women (or 65% of all female staff present in the organization as of August 31, 2011) and 14 men (or 70% of all male staff as of August 31) responded.⁴ Thus, even though twenty eight percent of survey respondents were male and 72% were female, the survey can be said to be proportionately equally representative of both men's and women's views. The individual survey questionnaire is found in appendix two.

1.3.2 Focus Group Discussions

Individual members of the CCGC provided input into the questionnaire and method for each unit's FGDs. The content of the FGDs differed from unit to unit depending on the functions of and on key information needed from each unit. The questions that guided the FGDs were culled from a combination of standard gender audit tools and frameworks, including InterAction's *Gender Audit Handbook* (2010), Oxfam Novib's *The Politics of the Possible: Gender Mainstreaming and Organizational Change Experiences from the Field* (2006), the CIDA *Framework for Assessing Gender Equality Results* (2010), the CIDA International Humanitarian Assistance Program (IHAP) informal organizational gender equality assessment (2011), and the CARE Gender Toolkit. Fifty women, or 83% of the women on staff as of December 1, 2011 and 24 men, or 100% of the men on staff as of December 1, participated. In this case, 68% of those participating in the FGDs were female and 32% were male. The FGDs took place in September and November 2011 and in February 2012.⁵ The question schedules for each of the main unit FGDs are found in appendices three through nine.

1.3.3 One-on-one Discussions, Competency Surveys and Other Data Gathering Processes

Vice presidents and Executive Office (EO) staff were interviewed using one-on-one semi-structured interviews. This allowed for information to be gathered on both strategic and unit direction at the same time. It also meant that staff was free to speak in the FGDs without leaders present. IP staff placed abroad were interviewed using one-on-ones and the survey instruments relevant to their team. Staff in IP filled in quantitative competency based questionnaires based on individual long-term development or emergency response roles. The competency schedules for the Strategic Partnerships and Bilateral Partnerships teams and the Humanitarian Assistance and Emergency Response (HAET) team are included as appendices 10 and 11.

⁴ Not all respondents answered all questions, but no fewer than 13 men and 34 women responded to any one question. For this reason, when quantitative data is presented in the charts and graphs in this report, percentages have been weighed against the total number of male or number of female respondents for that particular question.

⁵ The pool of *potential* individual survey and FGD participants is different by six women and four men because new CARE staff were hired between the end of the individual survey and the end of the FGD process. While hires who started after August 2011 were not administered the individual survey, they *may* have been included in an FGD (although this was not formally tracked). Similarly, the difference between the proportion of men and proportion of women who participated in The FGDs could be representative of the higher number of female staff who were hired between August 2011 and February 2012 but who did not participate in The FGDs. Data analysis for the individual survey and The FGDs differentiates between the pool of female and male participants and the actual total number of female and male participants.

1.3.4 Results Analysis and Recommendations Formulation

Health Check data is analysed against three internationally recognised gender equality organizational assessment frameworks developed and tested by both international and national NGOs over the past two-and-a-half decades in a variety of southern and northern countries. The analysis uses the same combination of questions as used during the FGDs. Chapter 2 describes how the frameworks were used to guide data analysis. The gender advisor undertook the bulk of this analysis.

The Health Check includes a number of activities to provide staff with an opportunity give input into results and recommendations formulation. First, women and men provided recommendations during the course of the FGDs. Second, a summary of report findings will be presented to the SMT, to the CCGC, and to staff at large. The SMT and the CCGC will be instrumental in drafting final recommendations through participatory exercises with broad consultation from all staff. Once recommendations are formulated, each unit will engage in an exercise of gender action planning for their unit. Gender action plans will be incorporated into annual operating plans (AOPs).

1.4 What Are the Limitations of this Methodology?

Although the high participation rate in the CARE Canada Health Check affirms that the goals of collecting data, raising awareness and building buy in were met, the methodology does have a number of limitations. Three key limitations are mentioned below, and others are referred to in relevant chapters.

1. Using an internally positioned data collector limits the extent to which sensitive topics can be probed and discussed. For this reason, the Health Check relies on discourse analysis to highlight recurring themes of patriarchy and intended or unintended discrimination. It relies on indirect tests (such as those in Table 9) to provide evidence of low political will. Similarly, some of the findings from the individual survey illustrate a trend, but the quantitative data generated is not sufficient to draw a conclusion as to the reasons for those trends without further qualitative probing. In areas where this was the case, the data is presented with commentary, but not with full conclusions. Conclusions are drawn in cases where data is sufficient and cause and effect is clear.
2. Because the Health Check aims to generate staff buy in for gender equality, it focuses on operational issues more than on personal attitudes. In this scenario, measurements for findings related to organizational systems, structures and processes are more likely to be triangulated than for findings related to personal motivations. Nevertheless, standard data collection and analysis methods were applied to all topics to preserve data quality and validity.
3. For reasons related to time, money, strategy, buy in and ownership, it was outside of the scope of this health check to collect data on the role of the board of directors in CARE Canada's gender work, gendered power dynamics in executive leadership decision making, how gender issues are addressed across a broad spectrum of CARE Canada's governance initiatives, and the gender equality skills and competencies among non-programming staff using quantitative or self-assessment.

Despite these limitations, the Health Check was can be considered to be an accurate reflection of the gender equality status of CARE Canada for 2011.

2 Analytical Framework and Gender Equality Vision

While CARE at the federation level has standard manuals and tools for exploring organizational issues relating to gender equality and diversity (GED), it does not have a standard process for a Health Check. Instead, members and COs use internationally recognised methodologies and processes, and results are shared on CARE's Gender Toolkit.⁶

Given this, the CARE Canada Health Check uses three internationally recognised gender audit frameworks and the commitments in the gender policy to analyse data and produce results. The premise behind each of these frameworks is the same: only transformation to the deepest level of personal and organizational attitudes towards gender norms and values will create the sustainable gender equality outcomes necessary to strengthen the organization. This chapter briefly describes each of the three frameworks and how they are used in this Health Check.

2.1 What Frameworks Were Used to Analyse the Findings of the Health Check?

2.1.1 Framework 1: The Gender Integration Framework

InterAction, in its *Gender Audit Handbook* (2010) uses the Commission on the Advancement of Women's Gender Integration Framework to assess organizational gender equality.⁷ This Framework is broadly accepted as an international standard, and looks at four areas of organizational change: political will, technical capacity, organizational culture and accountability. In this framework,

political will is described as “ways in which leaders use their position of power to communicate and demonstrate their support, leadership, enthusiasm for and commitment to working towards gender equality in the organization.”⁸

Technical capacity is the “level of ability, qualifications and skills individuals in an organization need to carry out the practical aspects of gender integration for enhanced program quality, and level of institutionalization of gender equitable organizational processes.”⁹

Accountability is the “mechanisms by which an organization determines the extent to which it is ‘walking the talk’ in terms of integrating gender equality in its programs and organizational structures.”¹⁰

⁶ <http://pqdl.care.org/gendertoolkit/Pages/core.aspx>

⁷ Harvey, Jeannie. 2010. *The Gender Audit Handbook: A Tool for Organizational Self-assessment and Transformation*. Washington: InterAction. p. 13. This framework has been used by World Vision, the Canadian Cooperative Association, Gender Equality, Inc. and CARE in Niger.

⁸ *ibid.*

⁹ *ibid.*

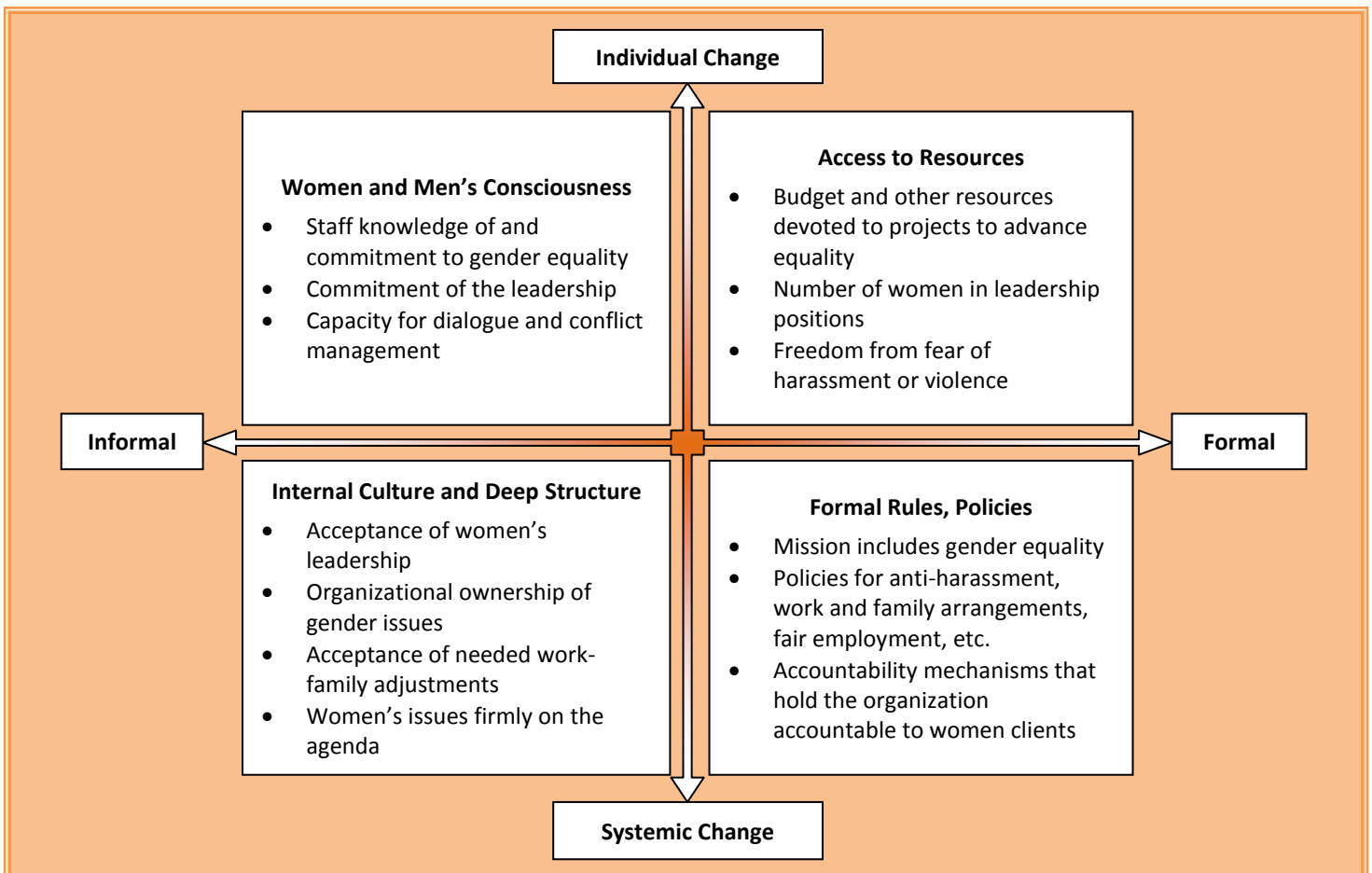
¹⁰ *ibid.*

Finally, **organisational culture** is the “norms, customs, beliefs and codes of behaviour in an organization that support or undermine gender equality – how people relate; what are seen as acceptable ideas; how people are ‘expected to behave’ and what behaviours are rewarded.”¹¹

The strengths of this framework are, first, that it acknowledges the deep rooted nature of gender dynamics within an organization; second, that it allows the key elements of organizational development to be grouped around concepts that are already familiar to change managers and strategic planners; and, third, that it clearly identifies how the change areas are interlinked, and how the state of one area affects gender equality outcomes in another. The CARE Canada Health Check uses the Gender Integration Framework as its main structure for analysis, organizing findings around each of the four categories above.

2.1.2 Framework 2: Four Quadrants of Gender Change

Figure 1: What are We Trying to Change Within Organizations?¹²



¹¹ ibid.

¹² Figure 1 is reproduced from A. Rao and D. Kelleher. 2005. "Is There Life After Mainstreaming?" *Gender and Development: Mainstreaming, A Critical Review*, Volume 13, Number 2, Oxfam UKI, p. 60. This framework has been used by organizations such as the Consultative Group on International Agricultural Research, the Bangladesh Rural Advancement Committee, the South Africa National Land Committee and the Body Shop.

Gender at Work's four quadrant framework is similar to the InterAction model. It maps where gender biases occur in an organization and how they operate at formal and informal levels, consciously and unconsciously, and in individuals as well as within groups. As it is sometimes difficult to see especially individual and informal gender dynamics at work, the following examples illustrate the concepts in the Gender at Work model.

- Formal system** The organization has a gender policy and there is a clearly written, well established system that leaders, managers and staff regularly use to report their progress in implementing the policy.
- Formal individual** Job descriptions include relevant gender equality tasks. Eighty percent of staff include gender equality activities and/or training in their performance plans.
- Informal individual** A member of the corporate giving team knows that gender equality isn't too popular with their key donor but they softly weave it into their discussions anyways because this is how they personally can best act out CARE's commitment.
- Informal system** Three employees are brainstorming the potential to hold a series of awareness raising sessions on gender based violence to build F&C and IP staff capacity. The three conclude that holding the sessions may be a "difficult sell" because the cost would have to come out of unrestricted funds and would require staff to devote time to the sessions. Without actually explicitly stating it, the employees have evaluated their proposal against an organizational value for fiscal responsibility but not against a value for gender equality outcomes, and they have assigned gender equality capacity building a lower CARE priority than recoverable funding and all other potential staff activities.

The strength of this framework is that it makes unconscious gender dynamics explicit by focusing on internal culture and deep structure, as shown in Figure 1, and then outlines concrete operational areas that are affected by these combinations of gender dynamics. The Health Check uses the framework to bring unconscious gender bias to the fore and to show the effect of this bias on organizational performance.

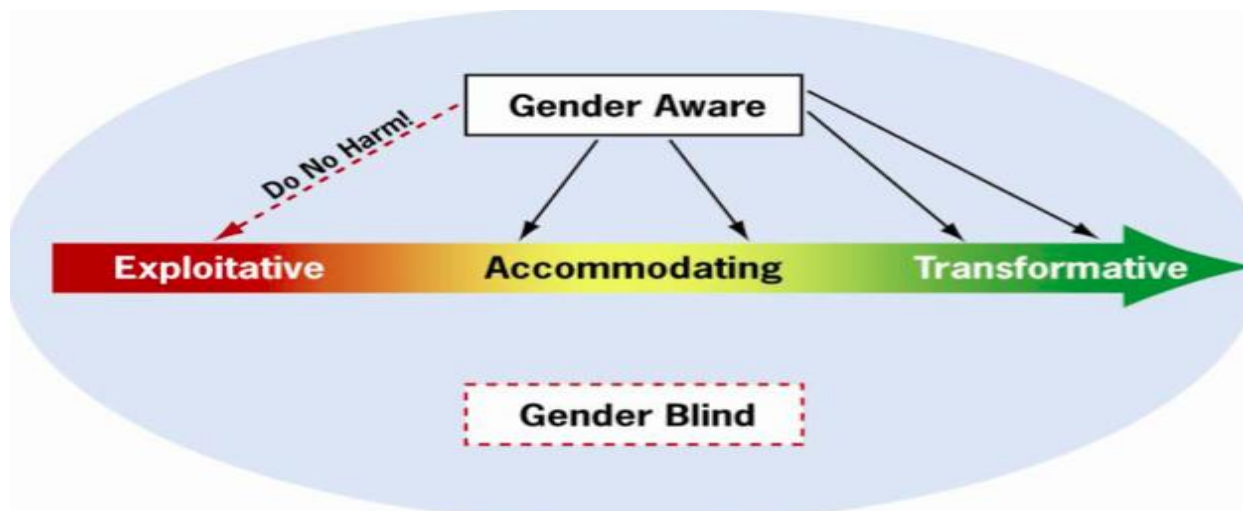
2.1.3 Framework 3: The Gender Continuum

The Gender Continuum, developed originally for the World Health Organization and the International Center for Research on Women to test the strength of HIV/AIDS programming,¹³ was adapted by the Inter-agency Gender Working Group and adopted by USAID as key program design tool in the early 2000s. One of the strengths of the Continuum is that it can be applied to organizations, policies or programs with similar efficacy. As Figure 2 shows, the Continuum distinguishes between organizational policies or practices that are gender blind or gender aware, and then measures the gendered effect of those policies and practices. It allows for a visual mapping of CARE's organizational culture,

¹³ Gupta, Geeta Rao, Whelan, Daniel and Allendorf, Keera. 2003. *Integrating Gender into HIV/AIDS Programmes: A Review Paper*. Geneva: World Health Organization.

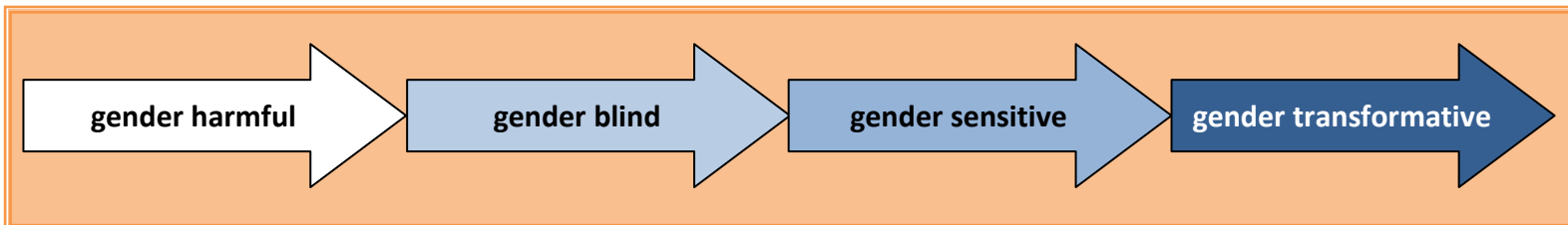
accountability mechanisms, political will and technical capacity towards the goal of gender transformation.¹⁴

Figure 2: Inter-agency Gender Working Group Gender Continuum¹⁵



Following on this good practice, the CARE Canada Health Check uses a combination of the IGWG continuum and the ISOFI continuum to identify the state of CARE’s organizational change. Specifically, it places CARE’s mission, vision, strategic plan and policy suite; its key communications messages and flagship publications; its staff skills and the effects of its accountability activities and political will along the continuum represented in Figure 3.

Figure 3: CARE Canada Health Check Gender Continuum



Each of these frameworks map the same components of organizational change. They acknowledge that gender stereotypes, biases and dynamics are deeply rooted in cultural norms and individual beliefs, and that these have an impact on organizational gender dynamics and outcomes. They recognise that formal policies, structures and processes are gender biased and need to be questioned in order to transform gender relations. They show that individual value, political will and technical expertise impact gender equality outcomes. Finally, each framework links the broad concepts of gender equality organizational

¹⁴ As a reminder, definitions for terms such as “gender blind,” and “gender transformation” are found in Appendix 1.

¹⁵ <http://www.igwg.org/training/ProgrammaticGuidance/GenderContinuum.aspx>. The CARE federation is increasingly adopting the Continuum as a key tool. CARE USA and affiliated COs are using it in their program shift processes. CARE India’s Inner Spaces Outer Faces Initiative (ISOFI) used a modified version to uncover gender biases in sexual and reproductive health and HIV/AIDS programming. CARE Canada is currently using the tool to evaluate gender equality results garnered from its Program Agreement.

theory to daily operational issues in human resources, budgeting, programming, or governance. In this way, the frameworks provide a grid on which to map CARE Canada's progress towards organizational change.

The Health Check analyses trends and findings from the data using each of these frameworks simultaneously to highlight particular trends, group data around specific themes, define behaviour and phenomena and compare and contrast results. The InterAction framework is used to structure the basic order of this report and to define which of CARE's organizational functions are classified under which of its four key headings. The analysis also uses the InterAction model to explain relationships and links between phenomena discussed under different headings. The concepts from the Gender At Work framework are used to categorise trends and patterns within each of these four components. The results of data analysis are mapped against the Health Check Gender Continuum to identify progress towards gender transformative organizational change. The continuum concept is also used to map CARE Canada's value for gender equality.

Appendix 1: Glossary of Key Gender Equality Terms

discrimination	<p>“A distinction, whether intentional or not, but based on grounds relating to personal characteristics of the individual or group, which has <i>the effect</i> of imposing burdens, obligations, or disadvantages on such individual or group not imposed upon others, or which withholds or limits access to opportunities, benefits, and advantages available to other members of society [<i>emphasis added</i>].”¹⁶</p> <p>We often think of discrimination as some overt or intentional decision or action, but sometimes discrimination is unintentional, where a person may have thought they were acting fairly, but their action results in a favouritism or a negative impact on one group or person or another. Canadian law and society is as progressive as it is because we have a precedent where we look at the <i>effect</i> of the decision or action and that <i>it is up to the person who receives the action or is affected by the decision</i> to determine whether they’ve been treated unjustly or not.</p>	<p><i>A Government of Canada department in Ottawa has taken a policy of bilingualism for all office interactions and operations. As the policy is implemented, Anglophones (traditionally the linguistic majority in Ontario) may feel like management is going out of its way to put all communications and hold all meetings in both official languages, but it is up to Francophones to determine if management is doing enough. The chair of a planning meeting may have thought she was switching from English to French often enough, but if a Francophone in the room still doesn’t feel able to express themselves and be understood, the chair’s actions have the effect of discrimination.</i></p>
empowerment	<p>The sum total of changes needed for a woman, man, boy or girl to realize their full human rights. The <i>power</i> to be able to apply a skill, capacity or piece of knowledge; the ability to use reserves of inner strength to claim a right or make a choice (<i>power within</i>); the ability to work with others to claim a right or meet an aspiration (<i>power with</i>). Empowerment is a process, and is driven by the individual who is becoming empowered.</p>	<p><i>As a CARE beneficiary woman in Zambia put it “We knew inside ourselves that we could be leaders but we hesitated to put ourselves forward. We hadn’t done it before and it’s not what women in our culture do. When CARE suggested we join the water management committee it was like a door was unlocked, and we could take our own steps to open it and go through.”</i></p>
femininity	<p>Personality or social traits that are consistently (but not necessarily) linked with humans who are female. These traits change from culture to culture.</p>	<p><i>Caring and nurturing, valuing conversation and dialogue, and putting others before yourself are feminine traits in Canadian society.</i></p>
gender	<p>The comparative or differential identity characteristics, social roles, responsibilities, and opportunities for men, women, boys and girls in a given society. Gender is socially ascribed after birth and changes from culture to culture.</p>	<p><i>That men are supposed to be tough and provide for their families is a social expectation related to gender, that human males grow beards is not related to gender (but to sex).</i></p>
gender blind	<p>Programs or policies that appear as if they benefit everyone equally but that in actual fact may have quite different and deleterious effects on certain members of the group. Often constructed on the basis of</p>	<p><i>A movie theatre installs the same number and size of washrooms for women and men under the assumption that both now have equal access to facilities. It only takes one look at the longer line ups outside the</i></p>

¹⁶ Ontario Women’s Justice Network website: http://www.owjn.org/owjn_new/index.php?option=com_content&view=article&id=109&Itemid=107 on Monday, March 20, 2012.

treating everyone fairly or the same, these policies assume “business as usual” and ignore gender norms, roles and relations.

women’s washroom to see that this has not had a gender equal effect!

gender and development

An approach to doing development that focuses on changing the rules and structures of development in order to make them more gender equal. The development process itself is questioned and changed so that it benefits men, women, boys and girls more equally.

CARE changes its VSLA programming to add a component of household financial planning for couples that focuses on transparency and equal autonomy in decision making. A country office sets up an impact group advisory board consisting of poor women and girls and no funding proposal is submitted until it has this board’s approval.

gender equality

The norms, values, attitudes and perceptions required to attain equal status among men, women and transgendered people without neutralizing the biological differences between us. Equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards. A situation in which both men and women are able to claim and enjoy their human rights.

Women and men are able to use a variety of masculine and feminine traits equally depending on the situation and their personal choice. Members of neither sex feel obliged to conform to a certain set of traits. The pay gap between First Nations women and Caucasian men in Canada has closed. Men don’t get comments from their families when they take their wife’s last name and stay at home with the kids. Women can wear short skirts without comments from judges and men take the responsibility to regulate their own sexual behavior. Women are no longer killed, raped, sold into slavery or married without their own consent simply because they have two X chromosomes.

gender harmful

Programs or policies that widen or exacerbate inequalities between men and women, that reinforce social stereotypes or rely on existing inequalities and social norms to obtain a development end.

A CARE program provides sanitation and hygiene training only to women under the assumption that this is more relevant to their household roles. This reinforces the idea that women’s only role and worth is centered around household chores and family care.

gender issue

A gap, problem or inequality related to power dynamics or imbalances that prevents men, women, boys and girls from fully exercising their human rights and enjoying equal opportunities and benefits. Gender issues also hinder development projects from sustainably reaching their goals and increase the vulnerability of certain types of beneficiaries relative to others.

See “gender equality”

gender mainstreaming

An organisational strategy that brings a gender perspective to all aspects of policy and its implementation by building gender equality capacity and accountability. Policies or programs are analysed for their gender transformative or gender harmful effects and gender equality goals are given a priority in decision making.

If each of the goals and enablers in the Strategic Plan included a mini gender equality objective or a statement showing how the goal contributed to gender equality, the Strategic Plan would have mainstreamed gender equality.

gender neutral

Programs or policies that will do no harm to gender relations but do not necessarily close gender gaps or work towards women’s empowerment either.

If you ever find an example of a relationship that is not affected by the power that people hold as a result of their gender, please suggest it as an example.

gender parity	The same numbers of men and women at all levels of the organization, and significant participation of both genders, particularly at senior levels.	<i>The numbers of women and men in each pay band at CARE Canada fall within a 40%-60% ratio or reflect the overall percentage of women and men in the organization.</i>
gender sensitive	Identifies and specifies different the practical and strategic needs of women, men, girls and boys along with the potential differential effects of project activities or approaches. Considers gender norms, roles and relations and differences and tries to make changes within these rules and norms, but may not directly change the norms.	<i>CARE was gender sensitive when it put its personal hours policy in place. It recognised that both women and men have family obligations, but that women, who do most family care work in Canada, would have to spend proportionately more of their vacation time to respond to these obligations without a personal hours policy in place.</i>
gender transformative	Takes specific measures to change social structures, cultural norms, and gender relations in order to achieve more shared and equal power dynamics and control of resources, decision making, and support for women's empowerment. Makes the social changes necessary to meet men's, women's, boys and girls strategic needs; addresses the root causes of inequalities; actively promotes gender equality.	<i>See "gender equality"</i>
reference to historic trends	A type of resistance to gender change in which the resister refers to historical trends or long term change as an explanation for current gender inequalities. This resistance has two effects. First, it denies the very real inequalities experienced daily by women and men in current time and denies the positive effects of any work being currently done to change circumstances now. Second, it shelves responsibility for making gender change in the here and now by implying that this change is someone else's responsibility in a future time (it's ok if people don't eat today, my colleague is working on a piece of legislation that will help people eat tomorrow).	<i>We see this sort of argument frequently in popular media. A think tank or agency will release a report illustrating how our health is better now than 50 years ago, more kids are staying in school longer or the gendered wage gap has narrowed in the last 40 years. These are all great achievements, but not much consolation to the women CARE Canada works with as they keep to one meal a day and hold off on that visit to the clinic for just a little longer so that they can save up the money to pay for their children's school fees.</i>
instrumentalism	Presents gender equality or women's empowerment as a means to a larger development end rather than as an end in itself. CARE's statement that <i>when we invest in women and girls they can lift themselves, their families and whole communities out of poverty</i> is an example of an instrumentalist argument for gender equality because women and girls are placed as instruments to be used for a greater poverty alleviation end. While there is a case to be made for the strategic use of such a definition, on the whole it reinforces gender inequalities by denying women and girls the ability to enjoy their rights without further justification.	
masculinity	Personality or social traits or characteristics that are consistently linked with humans who are male. These traits change from culture to culture.	<i>Toughness, snap decision making, objectivity, and physical power are examples of masculine traits in Canadian society.</i>
patriarchy	Social structures and rules, and cultural norms that privilege masculinities and the male, and male power holding, over femininities and the female and power sharing. The institutionalization of male physical, social and economic power over women. Behaviours that discriminate against women because of their gender	<i>Watching patriarchy at work is a little like watching three kids in a yard play a game where one kid keeps interrupting to change the rules so that the game continually falls in their favour.</i>

are seen as patriarchal practices.

**poisoned
environment**

“Insulting or degrading comments or actions in a workplace based on [Ontario Human Rights] Code grounds may cause employees to feel that the workplace is hostile or unwelcoming. When comments or conduct of this kind have an influence on others and how they are treated, this is known as a “poisoned environment.” Ontario Human Rights Commission. 2008. *Human Rights at Work, Third Edition*. Toronto: Carswell Thomson. p. 23.

A staff member tells racy jokes, uses modified swear words or makes comments with double meanings related to sex during meetings. The person’s colleagues begin to dread the next encounter because they find the comments demeaning, disruptive and threatening.

Appendix 2: Health Check Individual Survey Questions

1. I am...

Sex	Tick One
Male	
Female	

2. What is gender equality?

Possible Definitions	Choose One
The process of being fair to men and women. 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 operation on a level playing field.	
A process through which men and women come to be identical in all aspects.	
Equal enjoyment by women and men of socially valued goods, opportunities, resources and rewards. A situation in which both men and women are able to claim and enjoy their human rights.	
Putting in place special measures so that women can get a larger share of society's rewards and benefits.	
Unsure	

3. What is women's empowerment (please choose one)?

Possible Definitions	Choose One
Increasing the power of the lower power group so that it more nearly equals the power of the higher power group. In this case, it means increasing the power of women so that it is the same as men's.	
The sum total of changes needed for a woman to realize her full human rights. This includes changes to her agency, aspirations, capabilities, to the power relations through which she negotiates her path and to the structure and environment that surrounds and conditions her choices.	
The process of being able to exercise a variety of types of power (power to, power within, power with) in relationships and through methods that lead to the fulfillment of women's human rights, gender equality and social justice for all.	
Providing women with the capabilities, skills, tools and goods necessary to sustain their livelihoods and that of their families.	
Unsure	

4. What are the main policy and strategy documents that CARE Canada and COs currently use to guide their work on gender equality (tick all that apply)?

CARE Policy	Choose as Many as Apply
Individual project implementation agreements	

The CARE Canada strategic plan for 2011 - 2015	
The CARE International policy on prevention and response to sexual exploitation and abuse	
The personal activity report	
CO long range strategic plans	
The CARE International gender policy	
The CARE International code	
The CARE International gender in emergencies strategy	
Other (please specify)	

5. If you had to describe CARE Canada's work on gender equality to a colleague at a social function, what would you say?

Open answer

6. Describe your roles and responsibilities towards gender equality and women's empowerment at CARE Canada or in the CARE family. Try to be as specific as possible, listing individual tasks that would be part of your job description or day, and that would take place at organizational, programming and CARE International levels.

Open answer

7. Are your roles and responsibilities to implement the gender policy currently stated in your job description and individual operational plan?

Open answer

8. Who are the members of the CARE Canada Gender Committee in your unit?

Open answer

9. For the statements below, please tick the box that best matches your opinion. Supplementary comments are welcome.

	Very Much	Somewhat	Not Much	Not at All	Don't Know/ Neutral
My voice in my unit is listened to and respected. (50)					
My supervisor demonstrates a clear understanding of gender equality and its impact on an organization. (48)					
I feel comfortable expressing my opinions and concerns about gender equality in a group environment. (48)					
CARE Canada is a women friendly organization. (50)					
CARE Canada is recognized by peer organizations, governments and donors as a leader in gender equality and women's empowerment. (49)					
My supervisor will support me if I would like to attend					

training on gender equality (internal or external). (49)					
My supervisor puts a priority on gender equality. (49)					
CARE's policies and practices are designed and periodically revised in a manner that supports gender equality. (48)					
Decisions related to gender equality policies and practices (time off for parental leave, budget for CO staff training) are made in a timely, fair and consistent manner at CARE. (49)					
CARE supports a healthy work life balance. (49)					
CARE's senior management roles are designed in such a way that the lack of work/life balance does not adversely affect female incumbents. (48)					
CARE staff and management actively works against gender stereotyping, inappropriate joking, and sexual harassment. (49)					
I am rewarded for work I do to promote CARE's gender equality and women's empowerment goals. (49)					

Appendix 3: Health Check FGD Schedule for Corporate Services

Focus group discussions are part of a gender equality health check in order to provide staff with the opportunity to discuss gender dynamics at CARE Canada and gender equality work in the CS unit in some detail. Discussions are based on a semi-structured interview style. In this style, the facilitator uses a number of skeleton questions to guide a conversation on a particular topic. Rather than moving rigidly from question to answer to the next question, the discussion flows from topic to topic depending on the issues that participants bring up and on the probing that the facilitator does.

This Corporate Services focus group discussion will begin with an introduction to basic gender equality concepts, and then move on to the questions below. Participants will have an opportunity to ask questions about gender equality general, and about CARE's work in this area (all questions are smart questions, so bring 'em on!). The facilitator will guide conversation and encourage participants to share their views on each topic as it comes up.

Agenda

1. Welcome (5 minutes)
2. Participatory exploration of basic gender equality concepts (25 minutes)
3. Semi-structured discussion based on the following questions (55 minutes)
 - a. What does gender equality mean to you and how do you do this as part of your work?
 - b. What support would you like to be able to further integrate gender equality into your work?
4. Wrap Up (5 minutes)
 - a. Next steps in the assessment and in planning to strengthen GE in CS

Appendix 4: Health Check FGD Schedule for Fundraising and Communications

- 1. What does gender equality (and women's empowerment) mean to you and how do you do this as part of your work?**
 - What are CARE Canada's main messages on gender equality and women's empowerment?
 - With which audiences do you use which kinds of messages?

- 2. What tools, skills and processes do you currently use to address gender equality in your work?**
 - How do you decide which *gender issues* to address in your campaigns and materials?
 - Do your budgets specifically break out the amount of funds specifically going to gender equality or women's empowerment campaigns?
 - Who is responsible for business development around gender equality programming? Is funding for purely women's empowerment and gender equality work sought?
 - What women's rights funders (Mamma Cash, Global Fund for Women, etc.) are approached for either main or matching funding?

- 3. What systems and structures are available to you in order to do gender equality work (in the unit, at CARE Canada and from CARE International)?**
 - Where do you get your information on gender equality and women's empowerment from? What kinds of information do you need and in what form?
 - What are the roles of other units at CARE in supporting your work in WE/GE?
 - What are the roles of CARE International? COs? Others?

- 4. How could these systems and structures be strengthened (over the next two to five years)?**
 - What are the strengths and weaknesses of the system just outlined?
 - What does the ideal system look like?
 - What would be some preliminary steps to getting there?

- 5. What further individual knowledge and skills would be helpful in order to strengthen your ability to address gender issues and women's empowerment as part of your work?**

Appendix 5: Health Check FGD Schedule for Human Resources and Knowledge Management

Focus group discussions are part of a gender equality health check in order to provide staff with the opportunity to discuss gender equality work in their unit in some detail.

The Human Resource and Knowledge Management discussion is composed of both semi-structured and structured interviews. A preliminary semi-structured exercise will explore key questions on gender equality work in the unit through facilitated discussion and probing. The rough question schedule for this portion of the discussion is on page 2. This exercise will last about an hour.

In the second exercise, key staff in the unit will be asked a series of structured questions based on a standard questionnaire (page 3 and 4). It is expected that it will take another 60 minutes for key informants to complete this questionnaire, depending on the informant's role within the unit.

Agenda

1. Welcome (15 minutes)
2. Semi-structured discussion and checklist exercise based on the following broad questions (2 hours)
 - a. What does gender equality (and women's empowerment) mean to you and how do you do this as part of your work?
 - b. What systems, structures, skills and knowledge to do GE work in HR currently exist in the unit and how can these be strengthened?
 - c. What good practices in gender equality human resource management is CARE Canada currently following (and, if time permits, how? To what results)?
 - d. How can HR's current gender equality practices be strengthened in the next two to five years?
 - e. What support does HRKM staff need in order to do this?
3. Wrap Up (15 minutes)
 - a. Next steps in the assessment and in planning to strengthen GE in HRKM

Appendix 7: Health Check FGD Schedule for International Operations

- 1. What does gender equality (and women's empowerment) mean to you and how do you do this as part of your work?**
- 2. How does IO support the COs to do gender equality work?**
 - What gender equality work is related to this unit as a whole? to each position in the unit?
 - What GE work or goals do the COs have (in your area) and how does IO support the COs to meet these goals?
 - How does IO support the COs to fulfill the CARE International Gender Policy? The Gender in Emergencies Policy? The PSEA?
 - How does IO support the COs to fulfill their organization-wide gender strategies and action plans? The gender equality goals of LRSPs and P-shifts?
 - What skills in gender equality do you think you'd need to do your job?
- 3. What tools, skills and processes do you currently use to address gender equality in your work?**
 - 3.1. How might these be strengthened?**
 - Are the gender equality activities in your job currently in your unit's AOP, in your IOPs, etc.?
 - What budget is available in your unit to do GE work?
 - How do you liaise with other CARE Canada units in order to do GE work?

Each individual may also be asked to respond to questions that pertain solely to their job description based on the conversation thus far. This will be done within the focus group discussion session or in a follow up meeting based on a list of questions presented at the time.

- 4. How might IO support to the COs to do gender equality work be strengthened over the next two to four years?**

Appendix 8: Health Check Semi-structured Interview Schedule for International Operations

IO Support to COs to Complete GE Goals: Representation and Liaise Work

- 1) What support and strategy work does CC do with the COs in the areas of
 - a) liaising with host governments on gender equality work?
 - b) identifying donors who will fund this work?
 - c) identifying strong women's rights or gender equality organizations in country?
- 2) How do CC and the COs coordinate with CUSA and other CI members in programming, policy and technical assistance in gender equality?

IO Support to COs to Complete GE Goals: Monitoring, Evaluation and Learning

- 1) How does IO support COs to meet their program and project results in gender equality?
- 2) How does IO hold the COs accountable for producing gender equality results?
- 3) What frameworks, structures and systems are in place to assist COs in measuring gender equality results at the project and program level?
 - a) What training is offered to COs in this regard?
- 4) How is impact on women and girls tracked and recorded? Is it included as an impact area in the CO portfolio?
- 5) Do program and project documentation tracking systems track for the presence of full suite of gender equality documentation (gender analysis, gender strategy, gender action plan, and report on gender equality results)?

IO Support to COs to Complete GE Goals: Safety and Security

- 1) How are gender issues integrated into safety and security plans?
 - 2) Do safety reviews and assessments include an analysis of gender issues?
 - 3) What is the quality and quantity of women's (compared to men's) participation in safety and security planning?
- As relevant:
- 4) CARE International has recently released a Gender in Emergencies Strategy. How does CC support the COs to implement this strategy?
 - 5) CARE International has passed a PSEA. How does CC support the COs to implement this policy? What systems and structures are in place to do this?

IO Support to COs to Complete GE Goals: Human Resources

- 1) Has the CO HR policy suite undergone a gender analysis in the last five years?
 - a) If yes, what were the plans to strengthen the policy based on this analysis and what results have occurred?
- 2) What support does CC provide to the COs in areas of codes of conduct, sexual harassment and the implementation of CARE's policy on sexual exploitation and abuse?
- 3) Hiring
 - a) Does CC support the COs to hire new staff based on their gender equality knowledge and skills, include women on interview panels, implement equal opportunity hiring policies and take special and specific measures to recruit women or promote them, especially to senior leadership and management positions?

- 4) Training/Supporting
 - a) What gender equality training is provided to staff?
 - i) Is gender equality in orientation process and exit interview process?
 - ii) How does CC promote the COs to provide specific technical training on GE to staff?
- 5) Evaluating/Holding Accountable for GE Results
 - a) How does CC support the COs to ensure that good gender equality work rewarded, that managers and directors report upwards/downwards on these issues and that results towards gender equality part of the performance evaluation system?
- 6) Gender Equality Architecture
 - a) Do job descriptions include activities around/LOE for gender equality based relevant to the position?
 - b) Does the CO have a full time gender specialist?
 - i) What is their role?
 - ii) Where are they located within the organization?
 - iii) How do they work with executive leadership?
 - c) Which other staff have gender expertise and how is it used?
 - i) What are their roles?
 - ii) What percentage of their time is designated to gender equality work?
 - d) If the office is too small to have a gender specialist, what other arrangements have been made and how does CC support the COs to ensure resources for this?

IO Support to COs to Complete GE Goals: Financial Management

- 1) Does CC support the COs to undertake a gender audit of their financial portfolio?
- 2) What percentage of overall programming and individual project funds go towards gender equality?
Is the current financial tracking system set up to assess this?

Appendix 9:

Health Check FGD Schedule for the Contracts Management Unit

International Programs participation in the CARE Canada Gender Equality Health Check takes many forms. With program managers, we're using participatory exercises, ranking exercises and document reviews to determine whether CARE Canada's programming uses best practices and is effective. Program managers ranked their own skills in gender equality against a pre-determined list. With senior management, we're exploring how unit management gives priority to gender equality.

The CMU team is invited to participate in a brief focus group discussion that will explore how the team does gender equality work and what support may be needed to continue this work. Discussions are based on a semi-structured interview style. The facilitator uses a number of skeleton questions to guide a conversation on a particular topic. Rather than moving rigidly from question to answer to the next question, the discussion flows from topic to topic depending on the issues that participants bring up and on the probing that the facilitator does.

Agenda

4. Welcome (5 minutes)
5. Semi-structured discussion based on the following questions (80 minutes)
 - a. What does gender equality mean to you and how do you do this as part of your work?
 - b. In what ways do financial systems and structures in IP track and prioritise gender equality work?
 - c. What support would you like to be able to further integrate gender equality into your work?
6. Wrap Up (5 minutes)
 - a. Next steps in the assessment and in planning to strengthen GE in CS

Appendix 10: Gender Equality Competencies Survey for SP and BP Teams

The following competencies describe the knowledge, attitudes and practices necessary for program and project managers to attend to gender issues throughout the project management cycle. Read each statement and rank yourself based on the criteria below.

- 1 – Have no knowledge. Have basic knowledge but do not apply it to my work.
- 2 – Have basic skills and knowledge, but apply them only rarely.
- 3 – Have basic skills and knowledge and apply them, but not consistently.
- 4 – Have basic or intermediate skills and knowledge and apply them consistently.
- 5 – Have advanced skills and knowledge, apply these consistently, and support colleagues to do the same.

Where

- “consistent” is you practice the competencies listed below on a daily basis for every project or program you manage
- “basic” is you have an understanding of the basic concepts, terms and actions to achieve gender equality, through either experience or an introductory gender equality course
- “intermediate” is you are able to contrast and compare various gender equality concepts and analytical frameworks and have practiced applying these frameworks to two or three projects
- and “advanced” is in addition to intermediate skills, you have also designed and managed gender equality programming as a component of your overall projects

The results from this form will be used to create a gender equality learning agenda for IP staff. If there is a competency that you would like to gain but that is not reflected here, please add it in the space provided. If one of the competencies here is somewhat but not completely reflective of your role, please modify it in consultation with the CARE gender advisor.

The results from this form will be used as a baseline indication of CARE Canada capacity in gender equality project management. Staff will be asked to complete this form on an annual basis in order to determine organizational progress towards the gender policy and action plan.

Staff Skill	1	2	3	4	5
Secure gender equality expertise and human resources at the appropriate times during the project/program cycle					
Coach proposal, program or project design teams to address gender equality in all relevant places/stages.					
Describe what a gender analysis is and how it is used to plan and measure projects and programs.					
Coach CO and project staff to produce gender analysis at the appropriate stages of the project cycle.					
Secure appropriate monetary resources (at the project and other levels) to undertake a gender analysis, gender equality programming, and GE monitoring and evaluation.					

Staff Skill	1	2	3	4	5
List at least one example of gender equality best practice relevant to at least two technical areas.					
List examples of gender equality results and indicators relevant to at least two technical areas.					
Coach CO to measure and report on gender equality results.					
Identify gender equality results and learning on the basis of CO reporting. Feed these into knowledge management, impact measurement and communications systems at CARE Canada.					
Describe the differences between what a GE specialist does and what a project manager does to implement gender strategies and policies.					
Spontaneously use CARE Canada GE information storage and dissemination channels.					
Describe three ways in which program managers support CO level gender focal points.					
Have attended a gender equality training in the last 6 months.					
Have supported a gender audit as part of a monitoring and evaluation exercise.					
Other					

Appendix 11: Gender Equality Structured Interview and Competencies Survey for HAET

The Gender Equality Health Check provides CARE Canada with a snapshot of its current knowledge, attitudes, structures and functions to achieve gender equality results in both organizational development and programming. The IP portion of the Health Check has followed a process that is tailored to the work of individual teams. Because of the international placement of the HEA team, each of the members of the team are asked to participate individually in a one-hour phone conversation with the gender advisor. The conversation will be divided between an open-ended, semi-structured discussion on general knowledge of and attitudes towards gender equality in CARE’s emergency work and 12 close ended questions related to staff skills and competencies in addressing gender equality in emergencies. Questions are tailored to individual team members based on their roles in the team. The responses of male and female staff will be compared and contrasted for gender dynamics before being pooled with the data from other components of the Health Check in order to create a final report. Responses will also provide direction for future support to the HEA from the gender advisor and other CARE members.

1. What does “gender equality” mean to you and how do you do it in your work?
2. Have you taken the full IASC course and received the completion certificate?
 - 2.1. Yes
 - 2.2. No
3. Which of the assessment tools, checklists or guidelines from Chapter 9.1 of the emergency handbook did you use in the last emergency you were involved in? How?
4. When you have a question on gender equality or need support in this area, where do you turn?
5. Emergency work is taxing and stressful. It requires long amounts of time away from family and community in harsh conditions. It requires participation in an emergency responders community that evinces very strong gender stereotypes. What have your experiences as a male/female CARE employee been in this environment?
6. What percentage of HEA financial resources are allocated to gender equality work? How are these resources tracked?
7. What steps is CARE Canada taking to implement the CARE Gender in Emergencies Strategy? To what results?
8. Confirm what already discussed around development of programming/policy on gender and refugee issues
9. What are the key gender issues in food security and how have you integrated these into planning, programming, coaching COs, monitoring and evaluation, etc. in the last 6 months? To what results?
10. What are the key gender issues in WASH?
11. From your scan of CARE work so far, is CARE Canada set up to help COs address these issues?

Competencies Survey

Staff Skill	Do for Every Emergency	Do Infrequently	Not Part of My Job	Comments
Developed partnership assessments that include a review of partners’ ability to collect SADD and address gender issues in emergencies. Please provide an example of a relevant				

Staff Skill	Do for Every Emergency	Do Infrequently	Not Part of My Job	Comments
assessment.				
Ensure that the capacity building action plan includes training in gender equality as necessary and that this training is carried out before the onset of a disaster.				
Identify donor requirements (CAP, CIDA) for gender equality in disaster proposals and response design. Coach COs to incorporate these requirements into submissions. Where are these requirements physically housed in CARE Canada's emergency knowledge base as part of our toolkit?				
Included funding for gender equality staff and activities in disaster response proposals. To what portion of the budget?				
Coach, direct or support the COs to collect sex and age disaggregated data relevant to each technical sector and to use an analysis of this data when designing and implementing their humanitarian response. Provide an example of one time when SADD was collected within the first 72 hours of the onset of an emergency.				
Coached COs to create gender equality results indicators and to measure progress towards those indicators as part of regular monitoring and evaluation activities. Provide an example of one gender equality results indicator for your area/technical sector and describe a time when you last worked with a CO to measure results to this indicator.				
Provide the COs with frameworks, assessments or checklists to ensure that EPPs, safety and security protocols, partnership assessments and the responses in each technical sector include a gender analysis and gender equality response. Follow up with CARE Canada COs on a yearly basis to ensure that these tools are being used. For those with a sector speciality (logistics, WASH, shelter), provide COs with guidance to implement the IASC standards on gender equality related to your technical area.				
Coordinate with CC and other HR units to keep the roster of gender specialists up to date.				
Hired gender specialists as part of the emergency response team, the initial analysis team and/or for other stages in disaster response.				
Collaborate with CI and CC advocacy staff to create positions or messages around gender equality in emergencies.				
Included a review of gender equality programming and impacts in an after action review. For which country?				

Appendix 12: CARE Canada Gender Policy

This Gender Policy defines CARE's explicit commitments to support gender equality and the principles expressed in these international agreements. The accompanying implementation guideline sets out mechanisms and minimum common standards for all CARE members and COs. This policy statement therefore strives to make our collective programming efforts more effective, builds on commitments made in the existing Policy Statements and reflects subsequent developments in gender equality policies of development organizations working to end poverty and social injustice. It thereby sets the stage for increased accountability.

Gender Policy Commitments

Through this policy CARE seeks to promote equal realization of dignity and human rights for girls, women, boys and men, and the elimination of poverty and injustice. Specifically, this policy is intended to improve the explicit incorporation of gender in programmatic and organizational practices.

CARE International commits to:

- a. Promote gender equality as an explicit internationally recognized human right.
- b. Address systemic and structural practices that create barriers to the realization of women's rights and gender equality; including prevention and response to gender based violence and sexual exploitation and abuse.
- c. Support the empowerment of women and girls as a key strategy toward ending poverty, conflict, human suffering and gender inequality.
- d. Actively involve men and boys as allies in promoting gender equality.
- e. Analyze and implement strategies to manage potential risks and harms to women, girls, boys and men.
- f. Engage and coordinate with partners, governments, funders and civil society organizations to promote and support effective, creative and impactful ways to promote gender equality
- g. Monitor, evaluate and institutionalize organizational learning regarding specific gender equality results.
- h. Actively hold ourselves and others accountable to gender equality standards.
- i. Ensure that key organizational policies, systems and practices including but not limited to budgeting, human resource recruitment, training and management, and decision making support women's rights and gender equality.
- j. Ensuring adequate funding to realize our commitments.
- k. Apply these commitments within CARE and across all programme areas using integrated planning approaches and recognized gender sensitive tools and techniques such as gender analysis frameworks, collection of age/sex disaggregated data, and results-focused design and evaluation.

Policy Implementation

The policy is accompanied by proposed implementation arrangements, common standards and supporting definitions. More operational guidance and enforcement will be developed by CI members supported by the CI Gender Network as required to support the policy implementation. To ensure the policy is effectively applied and achieves expected results, each CARE member can further tailor implementation to their own organizational arrangements.

Policy Review

CI will work collaboratively to undertake a review of this common gender policy. This will take place after four years. The CI member representatives in the CI Gender Network will report annually their progress in regard to their respective implementation plans. An annual summary report will be submitted by the CI Gender Network to the CI Board via the CI Secretary General.

CARE INTERNATIONAL GENDER POLICY IMPLEMENTATION GUIDANCE

Mechanisms for Implementation

CI will implement, monitor and evaluate this policy. Each CARE member is encouraged to devise a context-specific and realistic implementation plan / process, with appropriate investment of resources, monitoring and evaluation mechanisms

Common Standards in Support of Gender Equality

CARE members are required to meet these standards in order to end poverty and support the dignity of all people. CARE members will ensure that the following standards are applied, monitored, adhered to and reported on:

- 1) Key organizational policy, planning and programmes will:
 - a. incorporate gender and power analysis as a mandatory operational and/or design feature.
 - b. be based on data disaggregated by sex, age and other relevant diversity factors such as ethnicity, religion, caste, etc.
 - c. explicitly state gender equality results and ii) include relevant and feasible gender sensitive indicators for every stage of planning, implementation, monitoring and evaluation.
 - d. ensure sufficient funding to meet gender requirements and ii) formulate staff work plans and budgets accordingly.
- 2) Human Resources policies and practices will adequately address gender equality. CARE members will track and report annually on gender balance in staffing and governance structures and implement specific strategies to balance male/female representation.
- 3) CARE executive and senior management staff report regularly to beneficiaries, donors and the public on progress on gender equality in CARE's work through appropriate reporting channels.
- 4) Each CARE member (office) must assess and enhance accordingly the organizational capacity for the implementation of the policy.