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## Gender Equality Impact Strategy

### Executive Summary

In the final decade of the Sustainable Development Goals, the world is confronted by multiple and intersecting crises. Climate change and ecological breakdown, crippling inequality, and humanitarian emergencies threaten the fundamental human rights of all people and fall disproportionately and acutely on women and girls. As long as gender inequality persists, we cannot eradicate poverty and social injustice, or realize our goals for economic and climate justice, health equity, the right to food, water and nutrition, and equitable access to humanitarian assistance.

Gender equality is therefore the central organizing principle of CARE's Vision 2030 and the heart of CARE's programmatic and organizational ambitions and targets. By 2030, CARE will seek to support 50 million people of all genders to experience greater gender equality in their lives. Recognizing where CARE can add most value and work with others to contribute to transformative social change, we will focus on the rights of women, adolescent girls and marginalized groups in three areas critical to achieving gender equality: eliminating gender-based violence, increasing women's and girls' voice and leadership, and equal access to quality education.

To achieve these ambitious goals over the next decade, gender equality will be both a CARE goal and impact area in its own right and integrated into all other impact areas and sectoral goals. CARE's Gender Equality Framework provides the overarching theory of change for the three focal areas of gender equality and all CARE's impact areas. It reflects our understanding that gender transformation requires changes in discriminatory structures and unequal power relations, as well as in the individual agency of women, girls and marginalised groups – *and* for positive changes in these domains to be sustained. Each impact area is responsible for articulating their contributions to the advancement of gender equality across the three areas of gender-based violence, women's and girls' voice and leadership, and education. The Gender Equality Impact Area Strategy will convene, support, and drive accountability for these actions.

All six of the Vision 2030 pathways to large-scale and sustainable impact are necessary to achieve CARE's gender equality impact goal. We will replicate and scale effective, gender transformative approaches and models. We will work to adapt CARE's operating model to partner and ally with women's rights organizations and movements to get behind and amplify their own advocacy. We will work with civil society, business, and government to build and strengthen gender responsive institutions and systems and support civil society to hold duty-bearers to account for equitable and inclusive rights and services. We will leverage market-based approaches and work with village savings and loan associations and corporate advisory services to promote gender-equitable value chains and economies. We will prioritize shifting discriminatory gender and other social norms as primary barriers to gender equality in our societies.

Achieving the goals set out in this Strategy also requires new institutional arrangements. We will diversify our internal structures and increase leadership from the Global South, as well as follow the roadmap outlined in CARE's Partnerships Paper to better partner with feminist movements and other actors committed to gender equality.

By adopting an overarching target for gender equality and accountabilities for all our work across all impact areas, we can move further and faster with our partners towards a gender equitable world.

## Why

### CARE's Global Vision and Mission

CARE's mission and values have always required the promotion of gender equality. With Vision 2030, CARE makes gender equality our *central* organizing principle. A focus on gender equality across CARE is an important strategic alignment. It is a goal and impact area in itself, as well as mainstreamed into all other goals, recognizing that we cannot achieve women's economic justice, climate justice, health equity, the right to food, water, and nutrition, or equitable access to



humanitarian assistance without addressing gender inequality. Promoting gender equality and social justice are political objectives: they demand speaking truth to power and solidarity with those who seek to challenge the status quo of an unfair distribution of rights, power and resources. Putting gender equality at the heart of CARE's 2030 Strategy enables us to clearly articulate *what we stand for and how we work*. It enables us to make difficult choices about our priorities and the organizational changes CARE needs to make over the coming decade to achieve Vision 2030 and a more equitable and just world for all.

As the SDG declaration states, 'the achievement of full human potential and of sustainable development is not possible if one half of humanity continues to be denied its full human rights and opportunities'. There is increasing evidence that systematic discrimination against women and girls has wide-ranging negative implications for global security and development, and negative consequences in terms of economic performance, food security, health, environment, governance, conflict and stability (Hudson, 2020). Globally, the loss in human capital wealth due to gender inequality is estimated at \$160.2 trillion (World Bank, 2018). Promoting gender equality is the right thing to do. It is also the necessary thing to do to advance social justice and sustainable development for all.

CARE has been working on gender equality for more than twenty years in 100 countries. This wide-ranging experience has deepened CARE's gender expertise and redoubled our commitment to gender equality. In all our focus areas – from humanitarian assistance to health equity and rights, to food and water rights security, to climate justice and women's economic justice – we have learned that our gender perspective is among our greatest value additions to the development and humanitarian sectors. We have learned equally that CARE cannot effectively contribute to gender equality alone. Our commitment to equal partnership principles are strong, especially with change agents working on transforming root causes of gender inequality. By adopting an overarching target for gender equality, and accountabilities for all our work across all impact areas to report on their contributions towards this target, we can move further and faster with our partners towards a gender equitable world.

### Context Analysis

As the world enters the final decade of the Sustainable Development Goals, we are confronted by **intersecting crises that disproportionately affect women and girls**: the climate crisis and ecological breakdown, crippling inequality, and increasing humanitarian emergencies. We must take account of the evolving external landscape that is shaping the context in which CARE and our partners will operate over the next ten years.

**Ongoing conflicts** are forcing record numbers of people to flee their homes. With rising temperatures, competition for natural resources will increase, causing war and displacement. These recurrent, protracted and complex crises disproportionately affect the poorest people and entrench poverty and inequality. A record 235 million people will need humanitarian aid in 2021, a near 40% increase driven mostly by the COVID-19 pandemic. **COVID-19 has revealed and exacerbated existing inequalities**, underscoring society's reliance on women on the front lines and at home, while exposing structural inequalities that are setting women and girls back. The secondary impacts of COVID-19 include a shadow pandemic of gender-based violence (GBV); declines in mental health; economic recession, job losses; and hunger and food insecurity.

Twenty-five years since the adoption of the Beijing Declaration and Platform for Action, the **strength of women's movements** has enabled transnational alliances, a UN gender equality framework, and domestic legislation on women's rights. However, no country has achieved gender equality and COVID-19 threatens to erode gains made. An **anti-feminist backlash** is occurring globally as populist and right-wing governments seek to instrumentalize gender stereotypes and control of women's bodies for their political agendas and roll back the gains of recent decades. While reactionary attacks on women's and human rights are often domestic, their organizers are networked globally through online platforms. Indeed, **technology and digitization** will be powerful forces in the coming decade with potential to exacerbate or reduce gendered political and economic gaps, depending on how they are deployed. Progressive activists – often young women and girls – are building new counter **social movements** to protect women's rights and end violence against women (NiUnamenos, #MeToo, #Aidtoo), challenge systemic racism (Black Lives Matter. No White Savoires), and address the climate crisis (Fridays4Future). Globally, the space for civil society continues to shrink while civil society organizations respond to ever increasing needs. Although many donors have identified gender equality as a key factor of development, aid reaching women's organizations remains negligible.

Against a backdrop of urgent need and paradigmatic shifts, there is wide-spread acknowledgement that major **changes are needed in the aid system**, including internal organizational reform of INGOs such as CARE. Eroding public trust in international organizations, scandals linked to sexual exploitation and abuse, calls to decolonize the aid sector and increase locally led responses to crises,

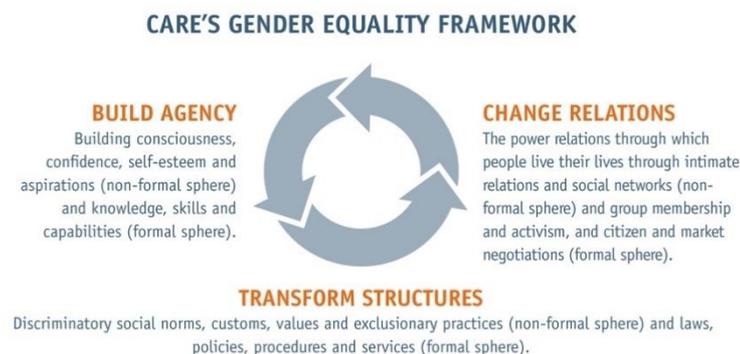
and evidence that feminist activism is seminal to the promotion of gender equality<sup>1</sup> raise existential questions about the relevance of INGOs in general, and as agents for gender equality in particular. To navigate the changing political and humanitarian landscape, CARE must explore new kinds of partnerships in order to remain relevant and accountable to the communities that we work with. This will necessitate not only reflection on our values and principles, but intentional efforts and actions to shift how we fund and implement our work, and how we resource and support partners and movements.

### CARE's Capacities and Added Value

CARE has clearly articulated our vision for 2030. We must now demonstrate our unique value within an ecosystem of change-makers to earn continued support for our mission over the next ten years. CARE is multi-disciplinary, decentralized, and diverse. These characteristics can be considered assets, but they also contribute to the challenge of explaining who we are and what we are good at. **Explicitly centering CARE around gender equality enables us to capitalize on our diverse strengths and enable our intended outcomes.** It enables us to favor purposefully gender transformative partnerships and to weigh the opportunity costs of working with actors who inhibit the achievement of gender equality through harmful norms and attitudes and actions that are unjust and gender inequitable.

In **gender equality programming**, CARE is distinguished by our approach to achieving gender equality, as articulated in our [Gender Equality Framework](#) (GEF) (Figure 1), and the **tools and approaches** we have developed to implement and assess our impact.

Figure 1



CARE's GEF posits that gender equality is achieved through mutually reinforcing efforts to: **build agency** of people experiencing gender discrimination, **change relations** between them and the people in their lives, and **transform structures** in order that they realize their full potential in their public and private lives and are able to contribute equally to, and benefit equally from, social, political and economic development. With our partners, we have a strong record of contributing to positive change in the agency domain of the GEF. We now need to invest in our ability to transform unequal power relations and social, political and economic structures, building on the work started by CARE's Strategic Impact Inquiry on Women's Empowerment and the 2020 Program Strategy. To do this, we

<sup>1</sup> S. Laurel Weldon & Mala Htun (2013) Feminist mobilisation and progressive policy change: why governments take action to combat violence against women, *Gender & Development*, 21:2, 231-247, DOI: [10.1080/13552074.2013.802158](https://doi.org/10.1080/13552074.2013.802158) referenced in CARE's [CIGN Position Paper on Supporting Women's Social Movements and Collective Actions](#)

need to **adapt and scale** proven models for gender transformation and to iterate and evaluate new and adapted approaches with our partners.

CARE is most able to contribute to gender equality and improved humanitarian and development outcomes when we **work in partnership** with others. CARE increasingly works with a wide range of partners across civil society, government and business, and has carved out a role of convener and facilitator. There are further opportunities to work with partners to co-create programs, undertake joint context analyses, support grassroots campaigns, influence policies, and increase accountability to the communities we work with. We must enhance our partnership approach to fully unleash this potential – transforming our systems and culture to build new and more equitable partnerships, particularly with women’s rights organizations and movement actors committed to gender equality.

With our partners, CARE undertakes **advocacy** from local to global levels that delivers against our objectives. Our Global Advocacy work reached 5.1 million people in 2020, representing the largest proportion of CARE’s reach according to our PIIRS data.<sup>2</sup> We have made some progress in centering civil society, social justice activists and social movements in our advocacy rather than centering CARE. We must now go much further in allying with women’s rights organizations (WROs) including feminist associations and movements in ways that contribute to their agendas, their financial independence over the longer term, and their safety and security.

At the **organizational level**, the 2018 Gender Equality Policy remains a key guide for CARE’s work. It outlines 12 commitments covering programming, risk reduction and partnerships. It also sets standards for internal operations, committing us to redress inequality in gender and diversity balance and pay; strengthen capacity of staff and partners in gender equality; and prevent and respond to all forms of sexual harassment and violence, and sexual exploitation and abuse.

## What?



### Impact Goal

By 2030, CARE’s overall aim is to support at least **50 million people** of all genders<sup>3</sup> to experience greater gender equality in their lives (SDG 5 and SDGs 1, 4, 8, 10 and 16). To achieve this goal, our theory of change brings together CARE’s Gender Equality Framework (figure 1, page 4) with a new, strategic focus on three thematic areas: eliminating **gender-based violence**, increasing **women’s and girls’ voice and leadership**, and increasing equal access to **education**.

CARE’s decision to concentrate on these thematic areas was driven by three factors. First, these areas are **global priorities** as

<sup>2</sup> CARE PIIRS Data for FY20

<sup>3</sup> While we seek greater gender equality for people of all genders, our impact population is primarily those people that most experience gender discrimination: women and girls and marginalized groups (including people of diverse sexual orientations and gender identities). We also work with men and boys as a target population, to challenge gender discriminatory and patriarchal norms that have significant negative impacts for they themselves, as well as for others in society.

articulated in UN conventions and agreements<sup>4</sup> including the Sustainable Development Goals<sup>5</sup>. Second, each of these three areas is a **critical lever** to tackle gender inequality and social justice in its own right, and intersects with the achievement of goals in CARE's other impact areas: eliminating gender-based violence dismantles a profound human rights violation that inhibits social, developmental, and economic flourishing of survivors, their families and communities; increasing women's and girls' equal voice and leadership in all areas of private and public life is essential to represent and meet the needs and rights of people of all genders; and increasing equal access to education prevents or delays child marriage, early pregnancy, and child labor and increases girls' social, political, and economic agency and assets to seize their rights and unlock their potential. Third, **CARE is positioned to support meaningful change** in these domains given our existing competencies and core models, ability to learn and adapt, and considering the value of our contribution in these areas relative to that of other actors. We have assumed that the financial support necessary to pursue these objectives is either already available in the aid ecosystem, will be available as donors are persuaded by new evidence, or that we can generate new forms of support through innovative financing approaches.



<sup>4</sup> CARE's goals to eliminate GBV, advance women's and girls' voice and leadership and increase equal access to education supports the fulfilment of women and girls' rights as established by international human rights treaties and standards such as the UN Declaration of Human Rights, UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the UN Covenant on Civil and Political Rights, the UN Covenant on Economic, Social and Cultural Rights, and the Beijing Platform for Action.

<sup>5</sup> Specifically, Goal 5, Target 5.2 to 'eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation' and Target 5.5. to 'ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life', and Goal 4, Target 4.1 to 'ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and Goal-4 effective learning outcomes.



citizenship status face additional challenges in having their voices heard and accessing opportunities and resources. CARE must engage in internal and external dialogue to articulate what it will mean to adopt an **'intersectional approach'** to gender equality that addresses the needs and rights of people most marginalized by these compounding forces. We must also step up our work with **youth** – as the fastest growing segment of the population in most countries where CARE works, and one that is actively challenging and transforming gender norms and identities and adopting new behaviors and technologies.

CARE will partner with others to advocate for the dismantling of inequitable and patriarchal institutions and systems in all CARE's impact areas and at all levels. To hold us accountable and to affect change primarily with and for women and girls, we will ally with feminist, youth and LGBTIQ+ organizations, associations, and movements, and work with gender champions in cultural and religious institutions, government and business. We will also work with men and boys as **target populations**, to challenge gender discriminatory and patriarchal norms that have significant negative impacts for they themselves, as well as for others in society.

CARE's ambition to put gender at the center of our work means we, together with our partners, will promote gender equality as an end unto itself and a means for achieving sectoral goals **in ALL countries where we work**, across the entire **continuum of contexts**, from humanitarian and conflict-affected locations to fragile and fluid 'nexus' situations and stable development contexts. At the same time that we take this consistent and comprehensive approach, we recognize the practical necessity of focusing on a few key geographies, determined by contextual factors and practicalities like donor interest, in support of scaled-up approaches to achieve gender equality outcomes through standalone programming.

### Results/Measurable Indicators

By 2030, CARE's overall aim is to support at least **50 million people** of all genders to experience greater gender equality in their lives (SDG 5 and SDGs 1, 4, 8, 10 and 16). Recognizing that some impact measurements may be slower due to project and evaluation timelines, the numeric **impact target for the first three years of the 2030 Strategy is 10 million**.

Achieving our gender equality goal for 50 million people over the ten-year Strategy depends on demonstrated impacts across CARE's Gender Equality Framework and in three thematic focus areas. We expect that at least 10% of the targeted impact from other impact areas will contribute to increased agency and more equitable relations and structures, yielding impacts for 25 million people, and that our work on gender-based violence, women's and girls' voice and leadership, and equitable education will contribute greater gender equality for an additional 25 million people. In sum, we will reach our goal by:

- (1) **increasing agency and more equitable relations and structures** for **25 million** people
- (2) **reducing gender-based violence** (SDG 5.2 and 5.3) for **7 million** people
- (3) **increasing women's and girls' voice and leadership** (SDG 5.5) for **11 million**
- (4) **increasing equitable education** for **7 million** (SDG 4)

These targets take into account any double counting (e.g., a woman who has experienced a reduction in GBV and also an increase in her ability to exercise her voice and leadership). Given that this is a new approach, we will revisit these targets after three years and adjust as appropriate.

To measure impact along the lines of the Gender Equality Framework, we will aggregate sex and age disaggregated results using **three core framing indicators**<sup>6 7</sup>:

1. # and % of women and girls and other marginalized groups\* who have increased their **agency** in ways that contribute to gender equality
2. # and % of people of all genders\* who experience more equitable gender and **power relations** (formal and informal)
3. # of examples of transformed **structures** (formal and/or informal) for greater gender equality (and where available, the # & % of people of all genders\* experiencing actual/potential impacts from those)

In addition to the above, **three specific impact or outcome indicators** (also to be sex and age disaggregated) are identified for each of the priority gender equality areas of eliminating GBV, women’s and girl’s voice and leadership, and girls’ education. **Supplementary indicators** are also proposed for these three areas, pathways to impact at scale, advocacy, partnerships, and CARE internal operations (see Annex A).

Eliminating GBV	<ul style="list-style-type: none"> <li>○ % of people of all genders* who reject intimate partner violence</li> <li>○ % of women and girls* aged 15 years and older subjected to gender based violence in the last 12 months by form of violence and age (SDG 5.2.1; SDG 5.2.2)</li> <li>○ # and % women and girls* who access GBV response services</li> </ul>
Women’s and Girls’ Voice and Leadership	<ul style="list-style-type: none"> <li>○ % of women and girls* who report confidence in their own negotiation and communication skills</li> <li>○ # and % of women and girls* who have actively participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces</li> <li>○ # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets influenced by the voices of or actions taken by women and girls</li> </ul>
Education	<ul style="list-style-type: none"> <li>○ % of students with improved learning outcomes, disaggregated by gender, disability, age and ethnic/ language background</li> <li>○ % of girls participating in girl-led advocacy to address issues affecting girls and adolescents</li> <li>○ # of girls and boys benefitting from the implementation of School Improvement Plans addressing gender issues</li> </ul>

*\*Note: Please refer back to explanations in Figure 2 regarding CARE’s impact and target populations.*

As an adjunct to the global change and impact indicators proposed above, CARE will continue to use the **Gender Marker** and **Rapid Gender Analysis** to increase gender integration and learning in programming. These tools enable all teams, including non gender-specialists, to explore the gender dynamics of a given context, to reflect on these, and to incorporate the learnings into programming. Confederation-wide Gender Marker data will continue to be interrogated annually in alignment with the PIIRS process to support improved gender integration and program quality. CARE will build on several years of learning, including in the context of the Global COVID-19 Pandemic, to better integrate Rapid Gender Analyses into programming along the humanitarian to development continuum. CARE will also continue to use biennial self-assessments against the 12 Commitments of

<sup>6</sup> Framing indicators: framing indicators will be used to capture in aggregate impact reported by programs, projects, and initiatives. For example, a project may include an impact indicator focused on participants increased agency related to contraceptive use – the project level impact indicator will thus be more specific but the total impact reported against that indicator will feed into the overall ‘framing indicator’ for agency.

<sup>7</sup> While all CARE programs should be able to report changes in all three GEF domains, individual projects might only report changes on one or two domains only, complemented by other projects making progress against other domains. Example indicators under each framing indicator are at Annex A.

the CI Gender Equality Policy to support cross-confederation learning, accountability and organizational improvement.

Applying [gender-transformative monitoring, evaluation, accountability, and learning \(MEAL\) principles](#) informed by feminist values and theory is essential to center women and girls in our MEAL and to provide an understanding of how and why change happens. In alignment with these MEAL principles as well as risk mitigation guidelines, all data collected related to GBV will follow ethical guidelines. CARE will collaborate internally and with external, feminist MEAL thought leaders to develop guidance on how to operationalize our gender-transformative MEAL principles within and throughout CARE's programming with partners.

## Learning

Priority **learning questions** for the Gender Equality Impact Area include:

- **What are we doing that effectively advances gender equality and what are the most impactful ways in which our work to advance gender equality contributes to realizing our vision** (a world of hope, inclusion, and social justice, where poverty has been overcome and all people live in dignity and security)? **(Cross-cutting Learning Question for all Impact Areas)**
- In what ways does CARE effectively partner with women's rights or women-led and youth-led organizations and social movements to step up, step back, and step together for gender transformative change, and what does CARE need to do to improve in this regard?
- What approaches are effective in: 1) integrating GBV risk mitigation; and, 2) integrating women's and girls' voice and leadership into all programming?
- What CARE approaches and ways of working are most effective for supporting gender transformative change with diverse people of ALL genders, especially marginalized and excluded populations?

### ***Planned learning work and priority areas for evidence generation:***

Over the next three years, we will further consult on the proposed learning questions and develop a Learning Strategy to operationalize them. In addition to internal collaboration across impact areas, this will include further consultation with feminist thought partners, external MEAL partners, and communities on how to center community and participant choices, voices, and rights to data and learning. CARE will not dictate a prescriptive learning 'agenda,' but will rather prioritize communities' own understanding of what impact means, lifting up their stories of change.

## How?

### Gender Equality at the Heart

In support of our theory of change (see Figure 2, above), the Gender Equality Impact Area Strategy has two main programmatic axes: **standalone** and **integrated** gender approaches.

- The primary outcome of **standalone** approaches is the **achievement of gender equality**. These standalone approaches are the bedrock of the Gender Strategy.
- Gender equality is a secondary objective when **integrated** into other impact areas and **instrumental to the primary sectoral outcomes**. While in aggregate these approaches may

be less transformative than standalone approaches,<sup>8</sup> they leverage the reach of CARE’s multi-sectoral platform to move the needle towards gender equality for significant numbers of women and girls and others impacted by gender discrimination.

Each impact area is responsible for articulating their contributions to the advancement of gender equality across the GEF and in the areas of GBV, education, and women’s and girls’ voice and leadership. However, the Gender Equality Impact Area Strategy will convene, support, and drive accountability for these actions, assuming the availability of resources to do so. As such, this Strategy includes proven and promising approaches and models to be applied across impact areas.

Achieving gender transformative changes in our programming requires transformation within CARE. Leveraging our existing resources, **all CARE staff should complete a learning programme** to develop minimum competencies on gender equality; in addition, CARE programs, projects, and initiatives should budget accordingly to avail resources for gender training for all partner staff. This should include Gender Equity and Diversity (GED) for individual and collective reflection and Social Analysis and Action (SAA) training, GBV Risk Mitigation, and preventing sexual harassment, exploitation, and abuse (PSHEA). All staff in programmes, advocacy, communication and marketing should also complete training on gender programming ‘basics’. CARE’s system for gender technical assistance (TA) must also be strengthened through greater investment in TA for gender equality, GBV, women’s and girls’ voice and leadership, and education.

Finally, putting gender equality at the heart of our work means nurturing and sustaining political and social change over time. This requires us to build **flexible programs** with longer time frames, support women’s rights organizations and other actors working on gender equality issues (such as LGBTIQ+ movements) and facilitate **strong partnerships**.

### Impact Pathways

All six of the Vision 2030 pathways to scale are needed, often in mutually supportive ways, to achieve our gender equality impact goal.

1. **Replication of effective approaches and models:** During the first year of this Strategy, deeper and more structured reflection and engagement is needed across CARE entities (particularly with country office staff) and alongside external partners to identify and evaluate the evidence base of gender-transformative models and approaches already being used by CARE, partners and peers. Table 1 outlines core gender-transformative models and ready-to-scale approaches identified through consultation across CARE during the Strategy development process.

Gender Equality Impact	Gender Equality Outcome	Core Approaches
1. Eliminate GBV	Women and girls* experience less GBV.	<ul style="list-style-type: none"> <li>• POWER GBV prevention model (<u>couples’ curriculum</u> + VSLA + <u>activism</u> + <u>engaging opinion leaders</u> + <u>women’s safe spaces</u>)</li> </ul>
	Women and girls* participating in CARE programs have reduced GBV-related risks, especially in crisis settings.	<i>Requires further evaluation/development</i>

<sup>8</sup> Gender-integrated approaches should range from gender sensitive, at a minimum, to gender transformative. The Win-Win project in Burundi showed that even integrated work can deliver transformative results for gender equality, while also delivering improved sectoral outcomes. Over time, we expect to see increasingly transformative approaches across impact areas as we develop further evidence of the value and feasibility of such approaches.

	Women and girls* have access to GBV response services.	<i>Requires further evaluation/development</i>
2. Increase equal access to inclusive education and skills development, especially for girls	Students, especially girls, benefit from equal access to inclusive education systems.	<ul style="list-style-type: none"> <li>Community participation/ accountability models for equal access to inclusive education systems (i.e., CSC, Parent Teacher Student Associations)</li> <li>School environments that are inclusive and tailored to students' needs, especially girls' (i.e., WASH)</li> </ul>
	Out of school children/youth, especially girls, have pathways back to formal education and/or employment.	<ul style="list-style-type: none"> <li>Accelerated learning models (SOAR/Udaan)</li> <li>Community-based education programmes</li> <li>Youth Savings and Loan Associations (YSLAs)</li> </ul>
	Adolescents and youth, especially girls, develop leadership, life, and other skills.	<ul style="list-style-type: none"> <li>Targeted leadership programs (Power Within/Power to Lead)</li> <li>Programs/models that include peer groups and mentorship</li> </ul>
3. Increase Women's and Girls' Voice and Leadership	Women and girls* are able to create gender equitable change through collective action and solidarity networks.	<ul style="list-style-type: none"> <li>Ekata</li> <li>Women-led solidarity groups (WLSG (eg VSLA, MMD, MJT FaFaWA, NaweNuze)</li> </ul>
	Public/private institutions are gender equitable and accountable for women's and girls' rights.	<ul style="list-style-type: none"> <li>Citizen Data Hub</li> <li>Community Score Card</li> <li>Private Sector Engagement</li> </ul>
	Women and girls* lead in humanitarian response and public life.	<ul style="list-style-type: none"> <li>Women Lead in Emergencies</li> </ul>
4. Promote Gender Equality for All	People of all genders* benefit from gender and social norms change in support of gender equality.	<ul style="list-style-type: none"> <li><u>Household Dialogues (Digital Sub-wallets)</u></li> <li><u>Social Analysis in Action (SAA)</u></li> <li>Gender, Equity, and Diversity training (GED)</li> <li>Village Savings and Loan Associations 'plus' models (VSLA+ Women Led Solidarity Groups, MMD, MJT, Nawe Nuze)</li> </ul>
	People of all genders* benefit from men and boys' engagement as allies for gender equality.	<ul style="list-style-type: none"> <li>Couples Dialogues (Indashyakirwa; Digital Sub-wallets; Journeys of Transformation)</li> </ul>
	People of all genders* benefit from improved household relations and joint decision-making.	<ul style="list-style-type: none"> <li><u>Household Dialogues and Digital Sub-wallets (Uganda)</u></li> </ul>

*\*Note: Please refer back to explanations in Figure 2 regarding CARE's impact and target populations*

- 2. Support to feminist social movements:** Feminist actors are the most effective advocates for social norms change and changes in laws and policies affecting gender in their own countries, regions and globally. As such, with support from CARE's leadership, we will work to adapt CARE's operating model to engage as equal partners with women's rights organizations and social justice movements. CARE will act as a convener, ally, amplifier and resource partner, connecting diverse constituencies in ways that influence, transform, and accelerate change. We recognize we will have to surmount the skepticism of activists about partnering with INGOs and we will prioritize a feminist perspective in our engagement. This means we will listen to the movement leaders and activists with whom we partner; strive to address power imbalances between us; support, resource, and promote their agendas and center the role of activists; and support feminist activism within CARE to engage as equals.
- 3. Gender-transformative systems strengthening and social accountability:** Transforming patriarchal and exclusionary public institutions is essential to achieve equal access to education, equal voice and leadership and an end to gender-based violence. Gender-transformative systems strengthening means working in partnership with feminist actors and movements and with government/public sector duty-bearers to achieve institutions and services that are inclusive of all genders, responsive to the needs of women, girls and LGBTIQ+ communities, and accountable to the human rights of all (e.g., through GED/SAA with the public sector and gender technical assistance for ministries and service providers). CARE's reputation and experience in Community Score Cards and Participatory Budgeting and Planning puts us in a strong position to become a leader in gender-transformative social accountability, and to connect this with advocacy pathways through digitization and aggregation of citizen-led data (e.g., through further piloting of the Citizen Data Hub).
- 4. Advocacy:** In solidarity with women's rights organizations and movements, engaging governments and the private sector through advocacy will be an important pathway for achieving our Impact Goal. A political analysis will be conducted of the influencing landscape to identify key influencing opportunities, map actions by other stakeholders, and define CARE's role. Given the breadth of the Gender Equality Impact Area, we will develop an advocacy framework as opposed to an advocacy strategy. The framework will give CARE offices flexibility to select priorities that make sense in their contexts and provide them with guidance and principles to map and identify partners and allies for advocacy, including WROs and movements. We will adopt core principles to help us put gender equality and women's and girls' voices at the center of our advocacy.<sup>9</sup>
- 5. Social norms change:** Many of the most intractable problems of gender injustice are rooted in social norms: people's beliefs about what others do, and about what others think one should do. Changing these norms is critical for addressing change not only in the communities where we work, but in order to engender change at wider, societal levels. CARE will apply proven approaches such as CARE's Social Analysis and Action (SAA) tool as well as explore new avenues to significantly scale social norms change, including in conjunction with advocacy and policy change, mass media, and digital technologies.
- 6. Inclusive markets and business approaches (MBA):** Market-based approaches engage scores of women and girls and can be a platform for change towards greater gender equality or an obstacle to this goal if current patriarchal norms are overcome. CARE will leverage MBAs to promote gender equality outcomes by working through VSLAs (which have the potential to be gender transformative when paired with tools such as household dialogues and social analysis and action), and through corporate advisory services (in particular to support

<sup>9</sup> For more details, see the principles /approaches for embedding women's voice across our advocacy in the CARE women's leadership and voice [position paper](#) and the women and youth-led advocacy [discussion paper](#) and the Women Lead in Emergencies [Toolkit](#).

the rights of people across the value chain, including the right to workplaces free from violence). We anticipate modest contributions to our gender equality goal from CARE's work on gender-equitable cash and voucher assistance, social enterprises, and impact investing. We will also explore the ways that digitization can be leveraged to close, rather than exacerbate, gender gaps in political and economic participation.

## Contextual Adaptation

CARE's work for gender equality will follow CARE's approach to adaptive learning with a particular focus on ensuring the voices of people of all genders and our partners shape the adjustment of plans and strategies as context and priorities changes. In line with our Gender Marker and Gender Transformative MEAL Principles, CARE will adopt participatory approaches to MEAL and continue to invest in the critical work of our Feedback and Accountability Mechanisms to hold CARE accountable to the communities we work with, especially those most marginalized by gender inequality and other forms of discrimination.

## Partnership

**CARE cannot advance social justice and reduce poverty acting alone.** Our partnership ambitions are clear. Within our Gender Equality Policy, CARE commits to 'form partnerships with women's rights and/or LGBTIQ+ organizations and movements to collaborate in the achievement of shared goals and elevate the voice of marginalised people; and engage key stakeholders in the struggle for gender equality including other civil society, government, private sector, public and private donors'.<sup>10</sup> CARE has endorsed the Principles of Partnership (2007), the Charter for Change and the Grand Bargain (2016), and partnership is one of our core program principles. CARE's Partnerships Paper<sup>11</sup> provides a roadmap for making these commitments a reality over the coming decade.

CARE's selection of partners is necessarily contextual. Broadly, **key partners** under this Strategy will be women's rights organizations, youth-led organizations, feminist movements, climate justice movements, and civil society organizations at local, national and regional levels. We will also join alliances with other organizations committed to gender equality, such as those focused on labor rights, LGBTIQ+ rights, and organizations seeking to end racism. Other partners will be private sector actors, government agencies, research institutions and the media. At times CARE needs to make difficult partnership choices. For example, engaging with a highly political movement might alienate CARE from authorities, or partnering with specific corporations might deligitimize CARE in the eyes of feminist activists. CARE will establish an approach to partnership selection that assesses potential impact and potential harm for women and girls and marginalized groups.

Maintaining the status quo in our partnership approach means missed opportunities and risks CARE's relevance, mission, vision and existence.<sup>12</sup> Thus, **CARE needs to work differently.** Details of new ways of working are in the CARE International Gender Network Position Paper and Guidance Note on Supporting Women's Social Movements and Collective Actions and Partnerships Paper<sup>13</sup>. Some examples are provided below:

- Play the role of an ally, convener, resource partner and amplifier of the voice of grassroots activists and avoid steering the agenda;
- Remove laborious contractual processes and provide flexible and core funding to women's movements;
- Be willing to take controlled risks and enter into new types of relationships;

<sup>10</sup> CARE International Gender Equality Policy commitment #5

<sup>11</sup> Final Partnerships Paper

<sup>12</sup> Ibid

<sup>13</sup> Ibid

- Promote equal partnerships with local organizations over sub-grantee relationships;
- Make space for our partners at the influencing table; and,
- Entrust WROs to manage their own budgets, activities, and initiatives.

### Funding and Resourcing for the Program

Approximately half of the Gender Strategy (to impact 25 million people) relies on funding for the integration of gender equality approaches across sectoral platforms. CARE's ability to mobilize sufficient resources for such integrated work will depend on proactive efforts from fundraising and program design teams. Further codification and guidance on core models for gender equality (as foreseen in this Strategy) will support robust gender integration, as will availability of gender TA at the proposal development stage (depending on available resources) and consistent use of accountability tools like the gender marker. We will need to target donors supportive of gender integration as well as to increase donor willingness to fund this work through evidence development (which in turn requires proactive fundraising) and compelling and proactive promotion of such findings (i.e. gender equality thought leadership).

To reach an additional 25 million people, funding for the rest of the Strategy will support a mix of sector-integrated and 'standalone' projects focused specifically on GBV, women's and girls' voice and leadership, and education. Bilateral support to programs dedicated to gender equality and women's empowerment as their principal objective remains consistently low at 4% of all bilateral aid, which makes this a challenging proposition. However, we have a strong track record with some of the key bilateral funders, including Norad, FCDO (formerly DFID), and the USG.

Eliminating GBV is perhaps the most difficult area to fund given the lack of donor resources available relative to need, which has been further exacerbated by the Covid-19 pandemic. That said, CARE has received strong positive feedback on our POWER model from donors and we remain optimistic about the prospects for winning a gender-focused mega-grant. We also anticipate potential growth in GBV resources under the new US administration. Resourcing for women's and girls' voice and leadership work should accelerate as we further develop and share the evidence for our Women Lead in Emergencies and women-led solidarity group models (Ekata, MMD, VSLA, etc.). We should also be able to amplify women's and girls' leadership with relatively modest investments through our global advocacy work and in partnership with feminist movement actors. In education, stresses on government budgets could put more pressure and shift funding to multi-lateral initiatives including the Global Partnership for Education and Education Cannot Wait. We anticipate education, adolescent and youth empowerment will remain priorities for FCDO. And as with GBV, we believe youth empowerment will become more important for USG funding. We expect that US foundation and individual funding will remain relatively stable and may increase with the development of more education-specific products, including the scale-up of the SOAR model.

### Who?

#### Institutional Arrangements/Roles

Achieving the goals outlined in this Strategy requires reorganized institutional leadership and strengthened capacities. CARE's future efficacy and credibility as a leader and partner on gender equality demands that we significantly increase representation from the Global South within our governance mechanisms, and enable our partners, especially those representing women, girls and intersectional identities, to influence our decisions and hold us accountable. To these ends, we propose the following principles – organized by the “five roles” of CARE's 2020 global impact area leadership – to guide the organization of the Gender Equality Impact Area. We recognize that the realization of these aims may require shifts in staffing and resources that need to be phased over time, and will depend on commitments from CARE members, especially from the Global North.

- **LEAD:** The Gender Equality Impact Area aims for equitable, distributed, and diverse leadership, with sharing of power and resources across the confederation.
- **SUPPORT:** We will prioritize the availability of gender technical capacity at regional levels whenever possible, and support countries and regions to avail additional assistance from joined up global mechanisms staffed by diverse, distributed teams of gender thematic experts.
- **ADVOCATE/INFLUENCE:** We will work towards the advancement of gender equality within CARE and externally with a particular focus on partnership and accountability to feminist agendas.
- **DEVELOP:** We will collaborate internally and externally to mobilize catalytic resources for CARE and partners' work towards gender equality outcomes, increase donor commitments for gender equality, and consistently reflect our commitment to values-based fundraising and communications.
- **LEARN:** We will prioritize a gender Learning Agenda, support communities of practice and networks focused on strengthening CARE's impact on key gender issues, and drive accountability to project participants, partners, and feminist movement actors.

In line with the above principles, we are proposing new institutional structures including a Global Gender Steering Committee, Global Leadership Team, and External Feminist Advisory Board, as well as strengthened and restructured technical assistance systems. These arrangements, as well as resourcing for this Strategy, are summarized below and in Annexes B and C. Further details will be elaborated and implemented during the first six months of this Strategy.

### Systems to Provide Technical Assistance

Putting gender at the heart of CARE's Vision 2030 stands to increase our ability to deliver gender equality outcomes, but also implies increased need for gender technical capacity across development and humanitarian contexts, and across all impact areas.

Mechanisms for delivering gender technical assistance at the global and regional levels complement and support essential gender expertise within country offices, and increasingly, country office staff are themselves the providers of global assistance through networked structures like the Global Gender Cohort. Further mapping is required to identify and best align existing and planned regional-level gender positions, resources, and expertise in support of the Gender Strategy, particularly related to the three focus areas of GBV, women's and girls' voice and leadership, and education. We are already aware of high demand and unmet need across the confederation for GBV technical assistance across humanitarian and development contexts, which requires urgent attention, funding and commitment.

### Core Deliverables

A range of **key learning products** will be delivered in the first three years of the Strategy, including but not limited to: the Strategic Impact Inquiry on Gender in Emergencies (GiE); multi-country evaluation of Women Lead in Emergencies; operational guidance on gender-transformative feminist MEAL; the Tipping Point Project's Phase II final evaluation; a social norms training curriculum and updated GED modules; and, updated education and adolescent empowerment strategies. Additional learning products being considered in alignment with the Learning Questions articulated on Page 9 include: 1) a meta-analysis of outcomes and impacts of implementing CARE's core approaches/models to achieve gender equality; 2) tools and training for integrating a) GBV risk mitigation and b) women's and girls' voice and leadership into programming; 3) tools and training for intersectional analysis, practice, and accountability; and, 4) reflective processes and a community of practice to strengthen our ability to partner with WROs, women-led organizations (WLOs), and LGBTIQ+ partners and communities.

Products to be developed to support our **fundraising efforts** include: a GBV capacity statement, pitch deck and fundraising strategy; a resource mobilization pack for Women Lead in Emergencies; curricula and boilerplate language for proposals for our core gender equality models; programmatic and budgeting guidance for gender transformative approaches and MEAL systems; a consolidated and updated global pipeline tracker; archive of successful GBV and gender proposals; and updated capacity statements for education and adolescent empowerment.

Upcoming cross confederation **advocacy opportunities** include ratification of ILO Convention 190, Generation Equality, and the She Leads in Crisis (SLIC) campaign.

### Suggested Internal/External Accountability Mechanisms

With gender equality at the heart of Vision 2030, all impact goals are accountable for delivering on gender equality outcomes within their areas of work. This means integration of gender equality into all aspects of governance and leadership of the impact area; in programme design and delivery; in recruitment and work of staff at all levels; in our work with partners, and among impact groups/communities. CARE will regularly assess progress against these aims using the following institutionalized data collection sources:

- CARE's Program Information and Impact Reporting System (PIIRS):
  - Gender Equality; GBV; Voice and Leadership, and Education Impact
  - Gender Marker Scores
  - Gender Program Quality Data on the degree to which projects:
    - Engage men and boys for gender equality
    - Integrate or focus on GBV
    - Partner with WROs, WLOs, LGBTIQ+ organizations
- Country Presence Reviews
- [CARE International's Gender Equality Policy](#)
  - Program quality commitments (primarily assessed via PIIRS data, as above)
  - Organizational commitments, including:
    - PSHEA
    - Equity in staffing and pay
    - Partnership
    - Values-based fundraising and marketing communications

In addition, the Gender Impact Area will develop specific accountability targets for power sharing and co-leadership between Global South and North for implementing this Strategy during the first year of the same and will seek the necessary support within CARE to enable these commitments. We will assess our progress against these commitments at least every three years.

External accountability mechanisms need to be further articulated and more effectively implemented where they do exist. Priority areas include:

- Community Feedback and Accountability Mechanisms
- External Feminist Advisory Board(s)
- Adapting and strengthening equitable partnerships and co-creation of related targets
- Participatory and feminist approaches to MEAL

The efficacy of these accountability mechanisms will be revisited regularly (at least every three years) and adapted as feasible and appropriate to meet the goals and commitments in the Gender Equality Impact Area Strategy.

### Required Budget

The **minimum scenario** assumes the same amount of funding for global gender equality and GBV leadership that was available at the end of the 2020 Program Strategy (\$911k), plus the resources of the CARE USA education team (\$1.9m), totaling approximately \$2.8 million per annum. In this case, reallocation of resources will be essential to drive greater alignment with the Gender Strategy's topical focus and ambitions to provide regionalized support and more diverse global leadership. At a minimum (and understanding this may be phased over 2-3 or more years), realignment will yield 1-2 new regional gender or GBV/GBViE advisors, a global coordinator for GBV/GBViE, four regional women's and girls' voice and leadership advisors (building the capacity of existing governance advisors to meet this need), and a global coordinator for women's and girls' voice and leadership, plus continued global staffing on education, gender MEAL, KM, Global Gender Cohort coordination, gender and GBV/GBViE advocacy, and gender-focused fundraising. Matrixed roles will be essential in order to provide adequate linkages between regional and global support.

Over and above these investments, the realization of Gender Strategy goals requires leadership and accountability from across all impact areas, including willingness to sustain and/or newly invest in sector-specific gender capacity (ie specialists on GBV in FWN systems, gender and climate change, gender in emergencies, etc.).

**The crisis case** assumes withdrawal of support from one or more of the members who led the gender/GBV areas of the 2020 Strategy, with no commensurate investment from a new member/affiliate. This would profoundly inhibit CARE's ability to meaningfully carry out this Strategy.

**The best case** assumes the minimum scenario plus increased investments for global technical leadership, global and/or regional technical assistance, coordination of communities of practice on specific gender equality issue areas (ie GBV prevention, engaging men and boys for gender equality), scaling pathways (ie social norms change, social movements), and organizational change (ie GED, new partnership modalities).



## Gender Equality Impact Area Strategy

### ANNEX A: Gender Equality MEAL Framework – Indicators, Qualitative Approaches & Existing Organizational Data Sources

Gender Indicators for Vision 2030			
Gender Equality Impact Indicators (specific)			
Eliminating GBV	<ul style="list-style-type: none"> <li>* % of women and girls aged 15 years and older subjected to gender based violence in the last 12 months by form of violence and age (SDG 5.2.1; SDG 5.2.2)</li> <li>* 10: % of people of all genders who reject intimate partner violence</li> <li>* # &amp; % of women and girls who access GBV response services</li> </ul>		
Women's Voice & Leadership	<ul style="list-style-type: none"> <li>* GEWV 4. % of women and girls who report confidence in their own negotiation and communication skills (SADD)</li> <li>* 19: # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces</li> <li>* 20: # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets influenced by the voices of or actions taken by women and girls</li> </ul>		
Education	<ul style="list-style-type: none"> <li>o % of students with improved learning outcomes, disaggregated by gender, disability, age and ethnic/ language background</li> <li>o % of girls participating in girl-led advocacy to address issues affecting girls and adolescents</li> <li>o # of girls and boys benefitting from the implementation of School Improvement Plans addressing gender issues</li> </ul>		
Gender Equality Integration indicators (for all)			
<p style="text-align: center;"><i>Gender Equality Framing indicators:</i></p> <p style="text-align: center;"><i>In order to show how ALL of CARE's work is contributing to changes in gender equality, we propose these three 'framing indicators' that all projects could report into, and for which other project, context, and participant group specific indicators could be aggregated up into</i></p>	AGENCY	RELATIONS	STRUCTURES
	Building consciousness, confidence, self-esteem and aspirations (non-formal sphere) and knowledge, skills and capabilities (formal sphere).	The power relations through which people live their lives through intimate relations and social networks (nonformal sphere) and group membership and activism, and citizen and market negotiations (formal sphere).	Discriminatory social norms, customs, values and exclusionary practices (non-formal sphere) and laws, policies, procedures and services (formal sphere).
	# and % of people women and girls and other marginalized groups who have increased their agency in ways that contribute to gender equality	# and % of people of all genders who experience more equitable gender and power relations [formal and informal]	# of examples of transformed structures (formal and/or informal) for greater gender equality (and where available, the # & % of people of all genders experiencing actual/potential impacts from those)
<p style="text-align: center;">Operational indicators:</p> <p style="text-align: center;">Represent a selection of illustrative indicators that could be used by projects and reported against, or adapted to meet the needs of the projects or desired change</p>	* of individuals who report confidence in their own negotiation and communication skills (SADD)	* # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces.	* # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders.
	* % of individuals reporting high self-efficacy (SADD)	* % of individuals reporting that they could work collectively with others in the community to achieve a common goal	* % of respondents who report gender equitable attitudes (GEM Scale)

## Gender Equality Impact Area Strategy

identified by the participants or communities CARE is working with	* Girls' Agency	* Supportive Strategic Relations	* Structural Environment for Girls
			* # of people of all genders challenging gender inequitable social norms
<b>Operational indicators for specific impact areas organized by Agency; Structures; and Relations can be found in this <a href="#">Mural</a>.</b>			
<b>Qualitative measures (from participatory data at project level, where participants define what agency, structure &amp; relations mean to them)</b>			
Gender equality	# of examples of women and girls reporting CARE and partners' programs have contributed to significant improvements in relation to their agency	# of examples of women and girls reporting CARE and partners' programs have contributed to significant improvements in terms of the formal and informal power relations that affect their lives	# of examples of women and girls reporting CARE and partners' programs have contributed to significant improvements in terms of formal and informal structures
<i>Proposed feminist MEAL approaches: Appreciative Inquiry; Outcome Mapping, Sensemaking with Participants; PhotoVoice; SNAP Framework; CARE NL work on social norms within public authorities/state agencies; Most Significant Change</i>			
<b>Additional Supplementary GEVW indicators</b>			
Eliminating GBV	<ul style="list-style-type: none"> <li>• Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</li> <li>• % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months</li> </ul>		
Education	<ul style="list-style-type: none"> <li>• % of girls with increased Youth Leadership Scores</li> <li>• % of teachers demonstrating gender-equitable behaviors in class</li> </ul>		
<b>Gender Integration in Program - Program Quality Measures</b>			
Integration	<ul style="list-style-type: none"> <li>* Annual CARE Gender Marker Scores for Programs and Initiatives</li> <li>* % of projects either fully focused on GBV or mainstreaming GBV</li> <li>* % of humanitarian responses completing an RGA</li> </ul>		
<b>Gender integration measures in scaling strategies</b>			
Scaling models	* Disaggregating prioritized models by gender marker score		
Advocacy	<ul style="list-style-type: none"> <li>* % projects with moderate or intensive advocacy with WRO partners</li> <li>* % of advocacy initiatives reporting wins that can show contributions towards gender equality outcomes</li> </ul>		
Systems strengthening/social accountability	* Disaggregating measures of systems strengthening/social accountability, by gender marker score		
Social norms	* GEVW 8 (Adjusted): # of people of all genders challenging gender inequitable social norms		
Social movements	* % of projects implemented with social movement/LGBTIQ+/trade union partners that are women-led or focused on women's rights		
Inclusive Market Based Approaches	* Disaggregating prioritized MBAs by gender marker score		
<b>Gender integration measures in partnership</b>			

# Gender Equality Impact Area Strategy

Gender equality	<ul style="list-style-type: none"> <li>* % of projects implemented with partners with explicit purpose to promote women's rights</li> <li>* % of projects implemented with women-led partners</li> <li>* % of project funding to women-led/women's rights partners</li> </ul>
<b>Gender integration measures at organization level</b>	
Gender equality & inclusion Safeguarding	<ul style="list-style-type: none"> <li>• CI Gender Policy report (commitments 7-12)</li> <li>• PSHEA reporting</li> <li>• Gender Report Card She Leads in Crisis Report Card</li> </ul>



## Gender Equality Impact Area Strategy

### Annex B: Proposed Institutional Arrangements/Roles

	Organizational Structure	Objective	From (Current Status)	To (Future Status)
1	Global Steering Committee	Drives institutional accountability for the Gender Strategy, provides oversight to gender impact area global leadership team, ensures coordination with other impact areas and key teams across CARE, and makes or endorses decisions that affect the Strategy as a whole	GEWV Steering Committee members somewhat diverse but largely representing Global North CMPs and reflecting senior levels of CARE. LFFV did not have separate leadership and steering groups but one body providing both functions	Equitable and diverse global steering committee with political clout and commitment to drive organization-wide accountability for gender strategy commitments and goals  Aims for at least 50% of team members from/based in the global South and at least 50% women
2	Global Leadership Team	Operationalizes the commitments and goals outlined in the Gender Strategy	Separate leadership structures for Gender Equality and Women's Voice (GEWV) and Life Free from Violence (LFFV). Leadership from: <ul style="list-style-type: none"> <li>· CARE USA</li> <li>· Chrysalis</li> <li>· CARE Norway</li> <li>· CI Secretariat</li> </ul>	Equitable and diverse global leadership team, fully resourced to advance Gender Equality, inclusive of GBV, women's voice and leadership, and education.  Aims for at least 50% of team members from/based in the global South and at least 50% women  Co-leads ( <i>Members/ Affiliates to be confirmed</i> ) to develop a 3-5 year plan with phased targets for sharing of leadership/decision-making power, management, resources and staff
3	External Feminist Advisory Board	Inspires and guides the confederation to integrate feminist principles in policies, programs, and practices. Helps counter institutional myopia and ground CARE in external activists' priorities for gender justice	No external advisory board	Fully assembled, funded Feminist Advisory Board representing southern regions where CARE is present, advising CARE Secretary General and Chairs of Senior Leadership teams  Synergies to be explored with other CARE advisory boards (Embark, Tipping Point, Women's Advisory Board for Advocacy)
4	CIGN (CARE International Gender Network)	Influences commitments and priorities of the confederation and supports accountability for institutional and programmatic practices leading to gender equality impact	Collective operates through open-member listserv and annual in-person meeting. These efforts are not resourced, and thus reliant on 'donated' time	CIGN co-chairs are funded to advance CIGN workplans and annual meetings; CIGN representative(s) are connected with gender governance structures

### ANNEX C: Proposed Technical Assistance Structures

## Gender Equality Impact Area Strategy

	Organizational Structure	Objective	From (Current Status)	To (Future Status)
1	Global Gender TA platforms	Provide gender technical assistance commensurate with need, complementing and further enabling assistance available at regional and country levels, to support gender equality impact	Multiple gender technical assistance mechanisms providing critical support but often working in siloed, somewhat disconnected ways, including: <ul style="list-style-type: none"> <li>· CMPs/LMs/Affiliates</li> <li>· CI Secretariat</li> <li>· Global Gender Cohort</li> <li>· Rapid Response Team</li> </ul>	Global technical assistance mechanisms along humanitarian to development continuum are joined up to bridge gaps in support and promote easy access by all staff. Global mechanisms source expertise from across regions, country offices, and members/affiliates to build a more decentralized and diverse pool of global TA providers with contextually relevant experience
2	Regional Gender TA	Prioritizes opportunities to increase gender equality impact in the region. Provides mentoring and technical support on gender equality to country/regional teams and connects them with global TA mechanisms to supplement resources available within regions	Some focus on gender-related impact at regional level through Impact Growth Strategies. Inconsistent regional technical support and silos between humanitarian and development. Lack of consistent mechanism to link/refer country offices to global TA platforms.	Regions resourced with gender advisor(s) with expertise to support on priority thematic topics (GBV(IE), voice and leadership, education) and along humanitarian to development continuum Further mapping and a phased plan is required to increase regional-level gender expertise
3	Country Office Gender TA	Provides in-country gender technical assistance, may provide TA to other countries and regions through global platforms like the global gender cohort	Varying levels of gender expertise within country offices resourced through a mix of project based and unrestricted funding  Country-office gender advisors sometimes isolated from platforms at regional and global levels	Country office staff effectively networked into communities of practice and global and regional TA platforms
4	Gender Communities of Practice	Improve institutional and programmatic practices leading to gender equality impact through global networks of committed staff and technical experts.	Formal/informal communities of practice, more or less active depending on coordination people/resources, including: <ul style="list-style-type: none"> <li>· GiE</li> <li>· GBV/GBViE</li> <li>· Engaging Men and Boys</li> <li>· Social Movements</li> <li>· Adolescent Working Group</li> </ul>	Reinvigorated communities of practice aligned with core areas of the Gender Equality Impact Area and scaling pathways, and relevant across contexts, enabling greater impact for gender equality. The Global Gender Cohort may be leveraged to support communities of practice.