CATALYSING TRANSFORMATIVE ACTION

A TOOLKIT ON GENDER, INTERSECTIONALITY AND SOCIAL INCLUSION

Children Believe

ACKNOWLEDGEMENT

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FOREWORD

Gender equality and inclusion are essential for achieving sustainable development. However, discrimination and marginalization based on caste, race, class, ethnicity, gender, masculinity, abilities, sexual orientation, and other forms of inequality continue to hinder progress towards a more equal world. As an organization dedicated to promoting children's rights, Children Believe recognizes the importance of addressing the underlying causes of gender inequality, including poverty, violence, systemic oppression, and other multiple forms of discrimination and recognises the diverse experiences and needs of all children and families.
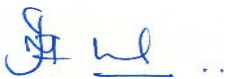
Children Believe in India has taken a deep dive to create an impact on Gender and Social Inclusion. One of its significant efforts is the Toolkit for catalyzing transformative change, which emphasizes gender, intersectionality, and inclusion in all our actions.

"Catalyzing Transformative Action: A toolkit on Gender, Intersectionality, and Inclusion" provides practical guidance and tools for ensuring that sustainable development efforts are grounded in feminist principles and approaches. The toolkit offers a framework for understanding the interconnections between gender, intersectionality, and inclusion and facilitates strategies for putting this knowledge into practice. Kimberlé Crenshaw's theory of intersectionality has significantly influenced our understanding of oppression and privilege, inspiring advocates and change-makers to adopt a more inclusive approach to social justice.

The toolkit includes various tools and frameworks with guidance for their use, providing conceptual clarity on key concepts such as gender, intersectionality, and social inclusion, an analysis of gender /intersectionality-sensitive, responsive, or transformative actions, and tools for strategizing programs, policy review, and influence. Although designed for Children Believe's use in India, it can benefit NGOs, rights-based organizations, research institutions, and funding agencies within and outside India. The toolkit draws on a wealth of knowledge and expertise from the community and implementing partners of Children Believe, a diverse range of individuals, and organizations that engage in collaborative efforts to achieve transformative change.

This toolkit is an important contribution to global efforts towards achieving the Sustainable Development Goals (SDGs) and aligns with Global Affairs Canada's International Feminist Policy. Gender equality and inclusion are crucial components of this agenda, and the Catalyzing Transformative Action toolkit provides practical guidance on how to integrate these principles into all aspects of development.

I commend the Children Believe India team for conceiving and bringing out this toolkit for meaningful engagement and transformative action. In addition, I commend the contributors of this toolkit for their unwavering dedication and commitment to promoting gender, intersectionality, and inclusion and for their relentless efforts towards fostering a more equitable and just society. I hope that this toolkit will serve as a valuable resource for individuals and organizations alike, inspiring and catalyzing transformative action towards a more equal, inclusive, and just world.

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1. INTRODUCTION

1.1 Background

The international development organization, Children Believe, which was formed in 1931, dreams of a world where every child across the globe has a voice and the ability to achieve their full potential. The mission of Children Believe is "to create a future of hope for children, families, and communities by helping them develop the skills and resources to overcome poverty and injustice" (Children Believe, 2022). It believes that gender equality and social inclusion are integral to this mission, as well as child rights programming and development. This vision is consistent with the Feminist International Assistance Policy of the Government of Canada which seeks to eradicate poverty and build a more peaceful, more inclusive, and more prosperous world. Canada firmly believes that promoting gender equality and empowering women and girls is the most effective approach to achieving this goal (Government of Canada, 2021). In India, Children Believe has been providing children with the tools and training they need to access education, overcome barriers, and be a voice for change since 1972. It believes that poverty and discrimination, based on a deep-rooted caste (overlaps with class) system and gender bias, cause social exclusion in India. It seeks to address this by specializing in gender and social inclusion, protecting children, and involving them in decisions impacting their future. It works through four pathways--child education & health, child participation, child protection, and gender equality--through children, as well as their families, community, and duty bearers.

In 2020, the India office set up a Centre of Excellence (COE) on Gender Equality and Social Inclusion (GESI). Its goal is "to improve organisational and development sector policies and practices towards attaining gender equality and social inclusion" (Children Believe, 2020:12). The objectives include creating a knowledge hub on gender and social inclusion, promoting good practices in addressing inequalities of gender and social exclusion, and advocating policies on gender and social inclusion as relevant to the mandate of Children Believe (Children Believe, 2020:12).

In keeping with these goals and objectives, Children Believe initiated the development of a tool kit on gender, intersectionality, and social inclusion. It realized that gender relations intersected with other power relations based on age, caste, ethnicity, minority status, disability, marital status, gender identity, etc. that exclude marginalized children and adults. While often it is the girl child and women occupying marginalized identities who are affected, at times it is can be members of the other sex.

Children Believe considers that concerns of gender, intersectionality, and social inclusion must be integrated into its programming, implementation, monitoring and evaluation, and the institutional structures of its partners if its global vision and mission and the Centre's GESI goals are to be reached. Leaving no one behind--the slogan of Sustainable Development Goals (SDGs)--cannot be achie ved merely by targeting the most marginalized, but by addressing the intersecting marginalization that they face in social institutions.

1.2 Objectives and structure of the toolkit

The objective of the toolkit is to contribute to strengthening integration of gender, intersectionality and social inclusion into programming, research and advocacy in the development sector.

The toolkit on gender, intersectionality and social inclusion consists of the following tools:

1. Tools to understand concepts of gender, intersectionality, and social inclusion

2. Tools to analyze the existing context of children, family, and their community and the challenges they face with specific reference to the four pathways: child education & health, child participation, child protection, and gender equality

3. Tools for program design from the lens of gender, intersectionality, and social inclusion

4. Tools to analyze policies, identify gaps, and evolve advocacy strategies through the lens of gender, intersectionality, and social inclusion

5. Tools to weave gender, intersectionality, and social inclusion into research

6.   Tools to look at monitoring and evaluation from the perspective of gender, intersectionality, and social inclusion

These clusters of tools are depicted in Figure 1.

FIGURE 1: STRUCTURE OF THE TOOLKIT

1.3 Scope of the Toolkit

The toolkit is relevant to all four pathways of Children Believe, but all sections of the tool kit may not focus on all pathways. The focus of the tool kit is not on instrumental gains along the pathways, but gender/ socially sensitive, responsive, or transformative gains for girls, children, youth, and women from the most marginalized individual (e.g., living with disabilities) and community identities (e.g., caste, ethnicity, religion).

1.4 Process adopted

In keeping with the values of Children Believe, the tool kit was developed with inputs from multiple sources.

•   Review of the literature: The authors of the tool kit reviewed secondary literature on concepts of gender, intersectionality, and social inclusion as well as the reports of Children Believe.

•   Adapting tools from the literature: Existing tools for context analysis, program design, research, advocacy, and monitoring and evaluation that upheld/could be adapted from a gender,

intersectionality, and social inclusion perspective were reviewed, and some new ones developed.

•   Piloting a few tools in marginalized communities: Some of these tools were piloted by the authors through visits to two partners of Children Believe- -one in Tamil Nadu and the other in Andhra Pradesh.

•   Partner workshop to build on their tools: In a three-day workshop, it emerged that the partners knew a repository of participatory tools, some of which explored issues of gender, intersectionality, and social inclusion, while others could be adapted.

•   Toolkit development and partners' capacity strengthening: Based on feedback from the partner tool harvesting workshop, the tool kit was drafted and partners' capacity to use tools on gender, intersectionality, and social inclusion was strengthened.

1.5 Structure and audience

The tool kit devotes one chapter to each cluster of tools (Chapters 2-7). The tool kit can be used/adapted by Children Believe and its partners, other NGOs/ rights-based organizations, research institutions, government, and funding agencies within and outside India. If translated into local languages, the tool kit can be used by federations of rights holders' organizations. The tool kit, in its present form, is for an Indian audience; however, it can be adapted and used by stakeholders in other countries.

1.6 Selection and use of tools

The selection and use of tools may vary with audience. Federations and community groups may find the tools pertaining to context analysis and monitoring/evaluation more relevant than tools pertaining to research and advocacy. Partners of Children Believe, Children Believe and other NGOs may like to use tools pertaining to context analysis, design, monitoring and evaluation and research, and advocacy tools at the state level; likewise, government, donors and research departments. The majority
of members of marginalized communities may be part of the audience, while federation leaders may also be facilitators of tools. .Some tools for context analysis may require privacy at the individual (e.g.,

body mapping) or community level (e.g., caste discrimination mapping), while others do not (e.g., problems of the village). Some tools may not be appropriate when there is a conflict in the village (e.g., problem analysis). Some may require only a female facilitator (e.g., violence mapping), while others may not (e.g., gender and intersectionality-based social mapping).

References

Children Believe, 2022. Our Vision, Mission, and Values, https://childrenbelieve.ca/mission-vision-and-values.

Children Believe, 2020. Building a Draft Centre for Excellence for Children Believe on Gender Equality and social inclusion, Children Believe India, Chennai.

Government of Canada, 2021. Canada's Feminist International Assistance Policy, https://www.international.gc.ca/world-mon de/issues_development-enjeux_developpement/priorities-priorites/policy-politique.aspx?lang=eng.

2. CONCEPTS OF GENDER INTERSECTIONALITY, AND SOCIAL INCLUSION

This section of the toolkit explores the following concepts:

- Sex
- Gender
- Gender as a continuum
- Sexual orientation
- Identities and institutions
- Intersectionality
- Social inclusion
- Gender intersectionality and social inclusion scale

2.1 Sex, gender, the gender continuum, and sexual orientation

Objective: To facilitate understanding of the concepts of sex, gender, gender as a continuum, and sexual orientation

Audience: Staff and leaders of community groups, in groups of 20, ideally with 40 percent men

Time: 1 ½ hours

Steps

1. Explain the objective of the exercise.
2. Divide participants into groups of fi e.
3. Give them the words in Column 2 of Table 2.1, which covers roles, tasks, behaviour, and qualities. Ask each group to classify the words as "feminine" or "masculine" according to social norms.
4. The answers, given in Column 3 of Table 2.1, should not be shared with the participants until the group exercise is over.
5. Give each group 20 minutes to complete the task.
6. Ask each group to present. If there are differences of opinion across groups, facilitate a debate. Do not force a consensus.
7. Ask which roles, tasks, behaviour, and qualities are related to physiological/biological differences and which are related to social differences.
8. Share your opinion that with the exception of motherhood (which is part biological/physiological and part social), all other roles, tasks, behaviour, and qualities listed in Table 2.1 are socially defined
9. If women deviate from social expectations, it is not uncommon for violence to be unleashed by men or gatekeepers in the community. If men deviate from social expectations, they are considered effeminate and subject to humiliation.
10. Elaborate on the following:
    - The term sex refers to biological and physiological differences, while gender refers to social differences.
    - Sex is usually categorized as female, male, and more recently intersex (those who have ambiguous sexual organs at birth).
    - Gender, as a descriptive, refers to social differences (roles, tasks, behaviours, and qualities) between men and women. However, social norms may be redefine when done in a public space; for example, cooking in India is done mainly by men in a public space, and by women in a private space.
    - Gender relations refer to power relations between women and men, which is reflected in the use of power/violence if women deviate from the norms on their roles, tasks, behaviour, and quality.
    - More recently, there is a recognition that gender is a continuum (Figure 2.1); there are those who are male at birth but feel like a girl/woman as they grow (transwomen), and there are those who are female at birth who feel like a boy/man (transmen) as they grow.

TABLE 2.1: ROLES, TASKS, BEHAVIOUR AND QUALITIES FOR CLASSIFICATION

Aspect under consideration (1)	Words for classification (2)	Allot whether the word is feminine or masculine as per social norms (3)	
		Feminine	Masculine
Roles	Head of household		*
	Caregiver	*	
	Motherhood	*	
	Manager of finance		*
Tasks	Cooking	*	
	Marketing		*
	Ploughing		*
	Weeding	*	
Behaviour	Drunken abuse		*
	Domineering		*
	Remorseful	*	
	Sacrificing	*	
Qualities	Arrogant		*
	Nurturing	*	
	Kindness	*	
	Resilience		*

- A person born as a female may be sexually attracted to a man (heterosexual), a woman (lesbian), both (bisexual), or none (asexual). (lesbian), both (bisexual), or none (asexual)[1].

FIGURE 2.1: GENDER AS A CONTINUUM
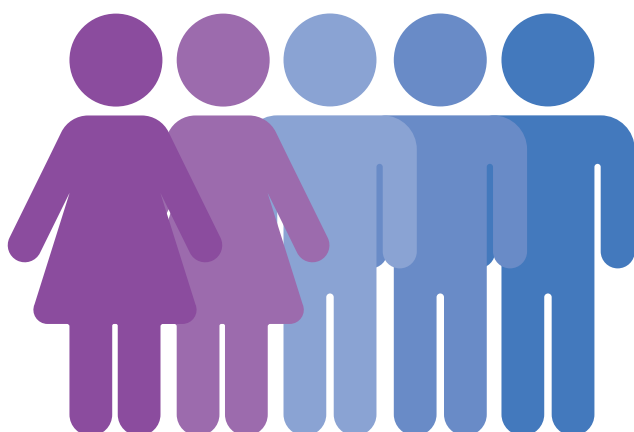
This Photo by Unknown Author is licensed under CC BY-NC-ND

Source: Adapted from Murthy, Ranjani K., and Kappen, Mercy. *Gender, Poverty, and Rights: A Training Manual. 2006.* Gender manual.pmd (visthar.org)

2.2 Social relations, institutions, and intersectionality

Objective: To facilitate understanding of the terms social relations, institutions, and intersectionality

Scope: All four pathways of Children Believe

Audience: NGO staff and leaders of community groups, in groups of 25

Materials required

- Ball of twine (medium size)
- Cards on identities: caste/class, age, marital status, gender, sex, and occupation. Blank cards for other identities
- Cards on institutions: household, state, markets, and community
- 6+ chairs placed in an inner circle (for identities)
- 4 chairs placed in the outer circle (for institutions)

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1. See Plan International's Sexual orientation? Gender identity? What's the difference? - Bing video for gr eater clarity.

Steps

1. Explain the objective of the exercise.

Part I: Identities and institutions

2. Stick identity cards on chairs in the inner circle and institution cards on chairs in the outer circle, with one identity/institution per card.

3. Begin reading the case study on Rani: A Dalit[2] brick kiln worker (Box 2.1).

4. Stop after the sentence "Rani and Nagaraj own no agricultural land, and work as labourers" in Paragraph 2 of the case study.

5. Ask the participants which identity is responsible for the fact that they do not own agricultural land: caste/class, occupation. age, marital status, gender, or sex?

6. Let the participant who chose one identity stand behind the chair with that identity card in the inner circle. Throw the ball of twine at them, while holding one end of the twine.

7. Ask if any other identity is also responsible. If yes, ask the first paticipant to throw the ball to the other person while still holding the twine in her hand.

8. Ask which institution is responsible for the fact that Rani and Nagaraj do not own agricultural land: family, market, community, or state. If two institutions are involved, the twine can go to two people.

9. Proceed until the end of the story, with the participants creating a web of identities and institutions that describe the lives of Rani and her family.

10. Ask participants what they learnt from the game on identities, institutions, and intersectionality

11. Summarize the following points on identities and institutions:

    • An individual's identity indicates who they are individually and in terms of the groups to which they belong. In the case study, Rani's life was shaped by caste/ class, occupation, marital status, age, sex, and gender.

    • Institutions are the formal and informal rules and norms that organize social, political, and economic relations. They are not the same as organizations. The institutions that have a bearing on the lives of Rani and her household members are household, community, market, and the state.

    • Institutions shape the identities that have a bearing on her life. The community shapes her caste identity, the market and household the fact that she does not receive wages, the state/community that she owns no land.

    • Outside the case study, a supra-state institution can have a bearing on marginalized women (e.g., World Trade Organization). Identities that did not emerge in Rani's case study include sexual orientation, gender identity, birth order, political preference, disability, colour, height, etc.

Box 2.1: Rani: Brick kiln worker and her children

Rani is a Dalit from Villupuram district, who works in a brick kiln in Tiruvallur district. She and her husband Nagaraj have three children-- Pallavi is a 10-year-old girl, Gajaraj is a 7-year-old boy, and the youngest, Vaidehi, is an 18-month-old girl.

Rani and Nagaraj own no agricultural land, and work as labourers. Their work under the Mahatma Gandhi National Rural Employment Scheme was limited, and agricultural work was scarce with little irrigation and conversion of land for other purposes They were heavily in debt from loans taken by Nagaraj's late father and their own livelihood loans. This is the time they were approached by a brick kiln employer from a dominant caste[3] to work in Tiruvallur district for six months in a year, and then return to their village. The owner cleared their debt with the money lender in Tiruvallur, but they could never clear what they owed the brick kiln employer and they had to take additional loans. Rani and Nagaraj have been working in the brick kiln for the past fie years as bonded labourers. The brick kiln is comprised of workers from Dalit and tribal communities, who are all in debt bondage.

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2. Dalits, also known as Untouchables, are members of the lowest social group in the Hindu caste system.

3. Dominant caste refers to a caste group that wields economic or political power and occupies a fairly high position in the caste hierarchy.

When her parents go to work at the brick kiln, Pallavi is left with Nagaraj's mother because she has to go to school; also, it is not safe for a young girl to be alone in the premises of the kiln. However, while she was walking to school, a middle-aged man touched her inappropriately when she walked through his lane. She was horrified and had nightmares. When Pallavi told her grandmother about the incident, her grandmother told her not to go to school.

Four days a week, Rani and Nagaraj work from 3 a.m. to 10 a.m. in the brick kiln, leaving 18-month-old Vaidehi in the care of 7-year-old Gajaraj. Gajaraj goes to a government primary school, but on those four days he is bleary eyed because he not slept much from 3 am to 9 am looking after his sister. The boys and girls tease him because his uniform is black in patches, and he dozes in class. The teachers ignore the teasing, because they know that children from the brick kilns are temporary residents and their parents will not complain. The children whose parents work in brick kilns stick together. After six months Gajaraj goes back with his parents to their village in Villupuram, and joins the school there. The

discontinuity, care work, and unusual hours affect his ability to cope academically.

A few years ago, Rani had a miscarriage while working in the brick kiln due to the difficult work and long hours. When her employer came to know, he shouted at her; he did not want to employ pregnant women because they could not work as effectively as other women. Respiratory problems and skin diseases were common among all the workers, due to work conditions and accommodation (asbestos roof with poor ventilation). There was a gender division of labour, and only couples were employed for work; thus, single women were rarely employed. The payment, Rs 2,000 per couple/ per week, was made directly into the hands of the man. Occasionally, women were sexually abused by the employer or on their way to open defecation by other men, but Rani had escaped. There was no toilet, although bathing areas were provided for women and men. Rani and Nagaraj, like the other brick kiln workers, were not enrolled in unions or labour welfare boards. The employer wanted their Aadhar card (similar to an identity card), but they evaded his demand because they did not trust him.

Part II: Discrimination and intersectionality

Time required: 2 ½ hours to 3 ½ hours depending on the context and discussions

1. Ask participants to reflect on what they understand by the terms *discrimination and intersectionality,* drawing on the lessons from the web game.

2. Define discrimination and intersectionality
   - Discrimination is any distinction, exclusion or restriction based on identities, which affects fulfilment of a person's rights and development.
   - Intersectionality is an analytical framework for understanding how aspects of a person's identity (including gender, race, class, caste, religion, age, abilities and more) combine to affect marginalized people's experience of discrimination and privilege (Figure 2.2).

FIGURE 2.2 INTERSECTIONALITY
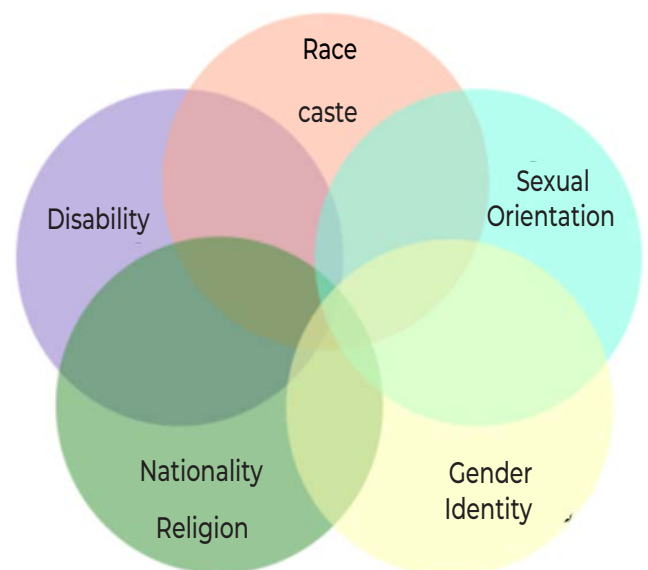
This Photo by Unknown Author is licensed under CC BY-SA-NC

3. Distinguish between three types of discrimination.

   ▪ Sequential multiple discrimination happens when a person suffers discrimination on different grounds on separate occasions due to different identities.

   ▪ Additive multiple discrimination happens when a person suffers discrimination on the same occasion but on two grounds. This type of discrimination is additive, because each of the grounds can be identified independentl .

   ▪ Intersectional discrimination happens when two or multiple grounds operate

simultaneously and interact in an inseparable way to produce distinct and unique forms of discrimination.

4. Create three corners: sequential multiple discrimination, additive multiple discrimination, and intersectional discrimination.

5. Read the statements from the Rani case study listed in Table 2.2 and ask participants to choose the type of discrimination for each statement. Possible answers are given in Table 2.2, but should not be shared with participants until the exercise is over.

TABLE 2.2 STATEMENTS ON SEQUENTIAL, ADDITIVE, AND INTERSECTIONAL DISCRIMINATION

Statement	Sequential multiple discrimination	Additive multiple discrimination	Intersectional discrimination
Parent's debts lead Rani and other SCs/ STs to become bonded labour to somebody who clears the debts.	*		
Pallavi, from a Dalit community, is sexually abused by a dominant caste man on her way to school.			*
Nagaraj's mother is asked to look after Pallavi.		*	
Gajaraj is not able to cope in school when he returns to Villupuram, because he could not attend school properly while at the brick kiln.	*		
When Rani's employer came to know she had a miscarriage at the worksite, he hurled caste names at her because he did not want to give work to pregnant women.			*
Single women are not employed in brick kilns.		*	

Source Adapted from:

Council of Europe. "Intersectionality and Multiple Discrimination."

2022. https://www.coe.int/en/web/gender-matters/intersectionality-and-multiple-discrimination.

Kabeer, Naila. *Reversed Realities: Gender Hierarchies in Development Thought*. Verso, London, 1994.

Murthy, Ranjani K., and Kappen, Mercy. Gender, Poverty, and Rights: A Training Manual. 2006. Gender manual.pmd (visthar.org)

2.3 Social inclusion

Objective: To strengthen participants' understanding of social inclusion

Scope: All four pathways of Children Believe

Audience: Staff and leaders of federations, around 20 people.

Materials required: Photographs attached.

Time required: One to two hours depending on the context and discussions

Steps

1. Explain the objectives of the session.

2. Divide participants into four groups.

3. Give a set of mixed photos on social inclusion and exclusion, and ask them to separate which are about inclusion and which exclusion. They should also note aspects of inclusion/ exclusion emerging from the photos (see photos in Annex 2.1 as an example).

4. Give the groups 20-30 minutes for the task. Half the groups present their insights on social inclusion, and half on exclusion.

5. Sum up points on social inclusion which have emerged from social inclusion photos, as well as opposite insights from social exclusion photos.

6. These could cover:
   a. inclusion of people irrespective of their identities
   b. absence of bullying
   c. absence of hierarchy
   d. breaking of barriers based on identities
   e. inclusion in collective decision-making
   f. leadership of the marginalized
   g. claiming of rights from duty bearers
   h. equitable development outcomes

7. Define obj ctive of social inclusion as a process of creating a more just, stable, and safe society for all (in particular, marginalized groups) in which every individual has rights and responsibilities, and has an active role to play.

8. Emphasize the following aspects of social inclusion:
   - Social inclusion entails that power holders must relinquish and share control to build and preserve power.
   - Conversations around difficult issues shoul move from conflict to action towards equity.
   - Leadership should be strengthened from within the marginalized at the community level.

Source: Adapted from UN Department of Economic and Social Affairs. "Social Inclusion." Social Inclusion | Poverty Eradication (un.org)

2.4 Gender, intersectionality, and social inclusion scale

Objective: To help participants understand gender/ intersectionality and the social inclusion scale, and use it to examine a few Indian government and NGO schemes.

Scope: Can be used for all four pathways of Children Believe.

Time: One hour

Steps

1. Introduce the objective of the session

2. Explore what the terms below mean to the participants
   a. Gender/intersectionality discriminatory
   b. Gender/intersectionality absent
   c. Gender/intersectionality sensitive
   d. Gender/intersectionality responsive
   e. Gender/intersectionality transformative

3. Build on participants' understanding and defin the gender/intersectionality and social inclusion scale as:
   a. Gender/ intersectionality discriminatory: Refers to programming that reinforces harmful gender and social norms and interlocking hierarchies that adversely affect marginalized women, girls, and boys. For example, it works through traditional community leaders, who impose menstrual taboos and ban inter-community marriages. Leadership rests with men from dominant groups.

b. Gender/intersectionality absent: Refers to programming that ignores gender and marginalized identity-based diff erences in needs and interest. An example is working towards agriculture growth of villages through top-down extension officers and cooperatives led by big farmers, ignoring land rights of landless Dalits and tribals.

c. Gender/intersectionality sensitive: Programming that recognizes different day-to-da y needs of women, men, boys, and girls from marginalized identities, but does not address deep-r ooted power structures. Examples are strengthening ramps in schools and health centres, and making menstrual pad disposal structures in school suitable for girls with disability. Inclusive groups may be formed, but not necessarily with women and children of marginalized groups in leadership positions of groups.

d. Gender/ intersectionality responsive: Programming that addresses some but not all causes of gender and other discrimination within families and communities. An example is NGOs building capacity of child protection committees for children from Dalit, Adivasi, minority, migrant and single-par ent households/communities. Identity-specific groups and federations may be formed, led by women and children from marginalized groups.

e. Gender/intersectionality transformative: Programming that includes specific action to address root causes of gender and other discrimination within families and communities. Not only identity-specific groups and federations may be formed, but they may be linked with state networks and engage in policy advocacy. Women, girls, and boys with marginalized identities lead these organizations and advocacy. They may put pressure on duty bearers to address hierarchies of gender/intersectionality.

4. Label fi e corners of a room with the terms above.

5. Read out the following statements one at a time (answers are given in parentheses):

a) Education scholarship for poor Dalit/tribal minority children with a 60% quota for girls (sensitive)

b) Amendment to Child Labour Act, permitting adolescents to work in non-hazar dous occupations (discriminatory)

c) Health infrastructure facilities, but no ramps for people with disability or separate toilets for women/girls (absent)

d) Building capacity of Dalit/tribal girls and girls with disability to use complaint boxes and School Management Committees (SMCs) to complain about cases of sexual harassment and caste discrimination by teachers and boys, particularly on marginalized girls (responsive)

e) A comprehensive legislation and policy on Right to High School Education from a gender and intersectionality lens, combined with budgets, capacity building and accountability strategies (including on sexual harassment) (transformative).

6. After each statement, ask participants to choose the corner that is appropriate for the statement, and give the reason.

7. Facilitate a debate if participants have chosen different corners, and share the answer in PowerPoint. Repeat steps 6 and 7 for the other four statements

8. Ask participants to brainstorm in groups on gender/ intersectionality sensitive, responsive, and transformative solutions to Rani and her family's predicament.

This tool kit focuses on gender, intersectionality and social inclusion focuses on sensitive, responsive and transformative scales, and not gender and intersectionality discriminatory and blind scales.

Annex 2.1

Pictures for roles, tasks, behavior and qualities classification exercise(Table 2.1)

Head of the household

Care giver

Mother hood

Manager of finance

Cooking

Marketing

Plouging

weeding

Weeding

Drunken abuse

Domineering

Remorseful

Arrogant

Naturance

Kindness

Resilence

Intersexw

Sacrifice
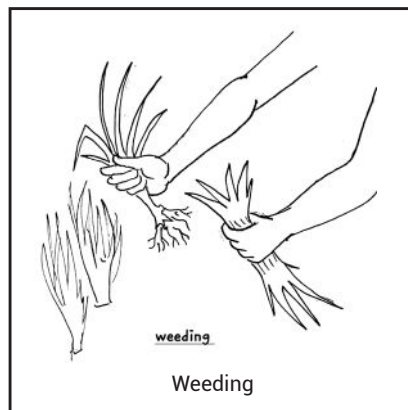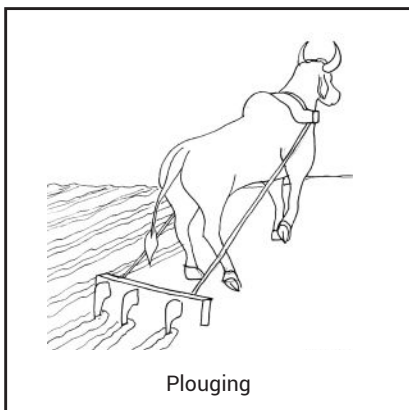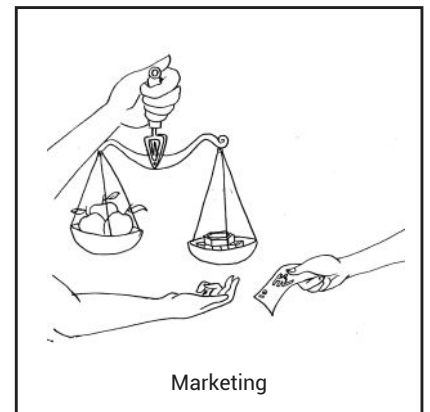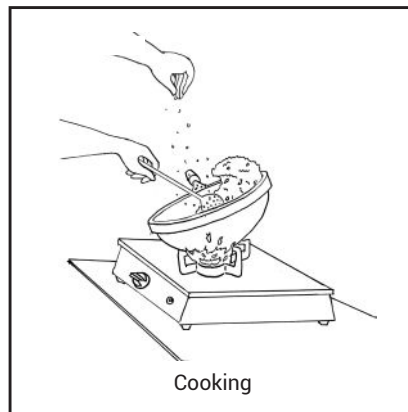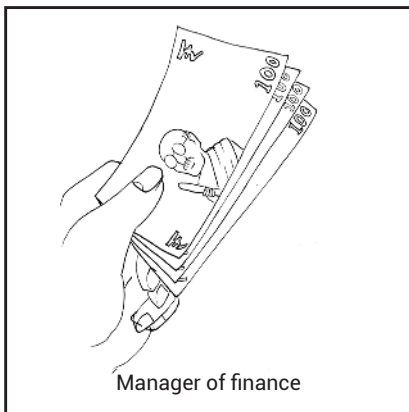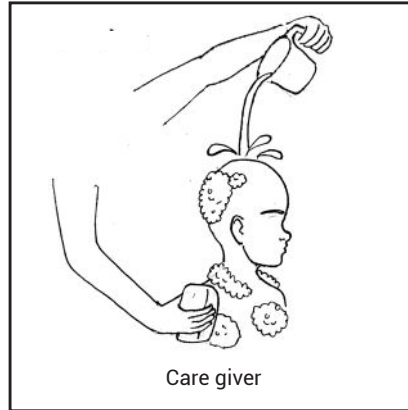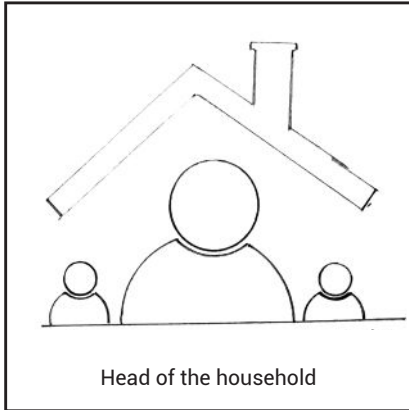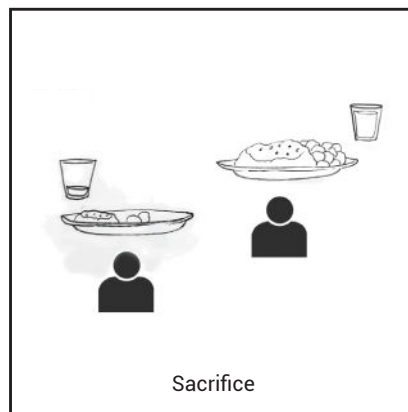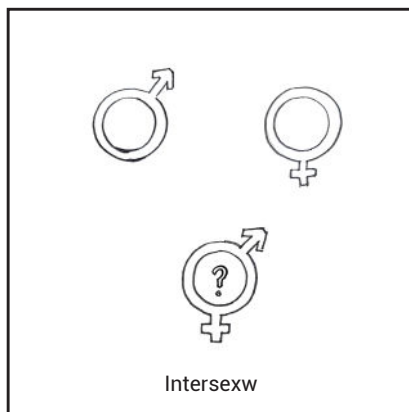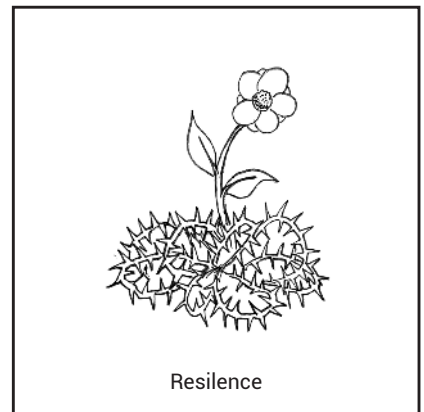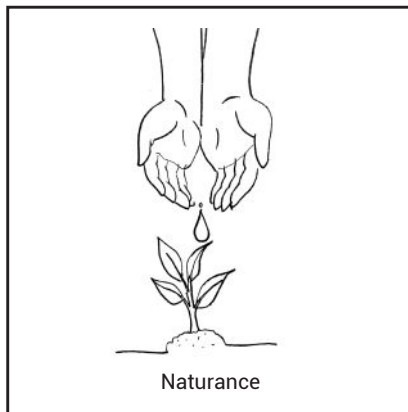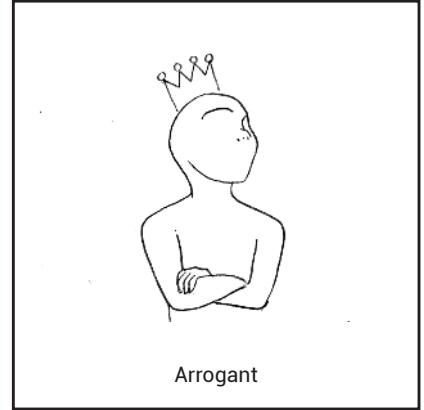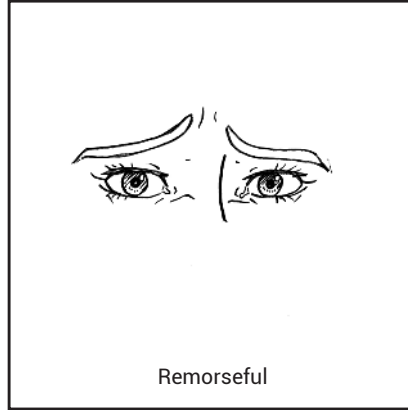
Annex 2.2

Photos for exercise on social inclusion/exclusion

Shuffle the photos and distribute

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3. TOOLS FOR CONTEXT ANALYSIS FROM A GENDER, INTERSECTIONALITY, AND SOCIAL INCLUSION LENS

3.1 Objective

This section present tools to analyze the context where we work from a gender, intersectionality, and social inclusion lens, cutting across the four pathways: child health/education, child participation, child protection, and gender equality.

3.2 The Centre of Excellence on gender equality and social inclusion on context analysis

The COE on GESI raises the following questions on context analysis:

1. Are we applying the lens of gender and social inclusion to understand a particular community, issue, project context (communities where it works and interventions)?

2. Do we understand a development challenge or a problem with reference to the socio-cultural-political context?

3. Have we solved the same or a similar problem in the past? If yes, how did we do it?

4. What worked or did not work in solving the development problem or challenge?

5. What lessons did we learn and how did we document it?

6. Is a formative assessment or a baseline established while the COE is being set up so that the measurement of progress and impact becomes a regular and structured task?

Some of these questions, as well as tools introduced in this section, are relevant for program design and monitoring and evaluation, discussed in Sections 4 and 7. Questions 1 and 2 are incorporated in the tools discussed in this context analysis section.

3.3 Participatory tools

Development agencies, including some of the partners of Children Believe, use several participatory tools to analyze gender, intersectionality, and social inclusion. These can be divided into two categories:

1. Intersectionality tools that are not specific to gender and need to be facilitated from a gender lens

2. Gender tools that need to be facilitated from an intersectionality lens

The two sets of tools are presented in Table 3.1.

Each tool has the following sections: objectives, scope, audience, steps, source, dos, and don'ts and, where possible, an example (Figure 3.1). The

FIGURE 3.1 CONTENT OF EACH TOOL
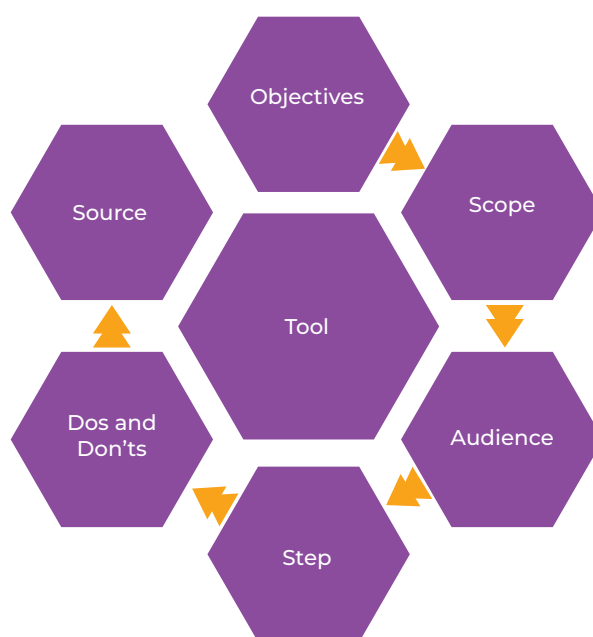
TABLE 3.1 INTERSECTIONALITY AND GENDER TOOLS

Intersectionality tools	Gender tools
Happiness mapping	24-hour clock
Fox and crane story	Access, ownership, and control mapping
Caste-based discrimination mapping	Decision-making matrix
Stand on status line	Violence mapping
Progress and challenges mapping	Body mapping
Social mapping	Attitudinal mapping
Intersectional problem analysis	Empowerment star

section on scope outlines which pathway of Children Believe the tool can be used for, as well as which stage of the program cycle it is pertinent to. It also mentions whether the tool provides analysis of gender/intersectionality sensitive, responsive, or transformative issues.

3.3.1 Intersectional tools from a gender-responsive and transformative lens

i. Happiness mapping

FIGURE 3.2A: HAPPINESS MAPPING

Source: https://medium.com/@deifiedplums/its-ok   y-to-f eel-sad-sometimes-60e4afa41cb8   and ROPES, Children Believe.

Objective

To understand marginalized groups' present mood (unhappy, moderate, and happy), the reasons for the mood from a gender, intersectionality, and social inclusion lens, and how to move towards happiness

Scope

- All pathways
- Steps 3-5 and 7 relevant for context analysis
- Steps 6-7 relevant for input into design
- Can be adapted for monitoring and evaluation (see Section 7)
- For gender/intersectionality sensitive, responsive, and transformative insights

FIGURE 3.2B FACES: HAPPY, MEDIUM AND SAD FACE

This Photo by Unknown Author is licensed under CC BY

Audience: Adults or children, individually or in small groups (maximum 10)

Steps

1. Explain the objective of the exercise.
2. Make a sad face, moderate face, and happy face on chart paper or on the ground or show Figure 3.2b.
3. Ask each participant which face they relate to, with reasons.
4. Note the background of each participant and social relations/institutions that have a bearing on their mood.
5. Note whether their mood is related to one identity or multiple identities, which ones, and how they interact
6. Explore what can be done to help participants who identity with "sad face" or "moderate face" to move to "happy face".
7. Point to differences in mood and measures necessary towards happiness across gender, caste, class, ethnicity, disability, minority status, etc.
8. Point out that gender and intersectional lens is crucial to evolve strategies for happiness.

Dos and Don'ts

- Ensure a maximum participant size of around 10 if the exercise is done in groups.
- Ensure that informed consent of one of the parents is taken if the participants are children.
- Ensure that there is privacy during discussions. Ideally, adult men and women should not be around if discussion is with children.
- Encourage the children to take an oath of confidentiality--that they will not discuss what emerges in the discussion with non-participants.
- Have referral to a counsellor if necessary.

Time: One hour

Source: Adapted from Murthy, R.K. Toolkit on Gender Sensitive Participatory Methods. Institute of Social Studies Trust, New Delhi, 2015.

Example

When the tool was used with eight children aged 14-18 in a tribal village in Chittoor district of Andhra Pradesh (where a Children Believe partner works), all the children (half of whom were girls) said that they felt "moderately" happy. Issues emerged about lack of transport to school, occasional cases of discrimination by teachers and children from dominant castes, dominant caste children not eating midday meals with them, non-representation of tribals in SMCs, low income of parents affecting access to higher education, occasional child

labour (both girls and boys) on the landlord's farm, and irregular electricity supply affecting education. Gender-specific issues that the girls highlighted included vulnerability to sexual violence and trafficking while walking to the main road, expectations of help in housework, and lack of toilets in the village affecting their health and security.

ii. Fox and Crane story

Objective: This method, using a story pertaining to discrimination, helps explore issues of discrimination, whether sequential multiple, additive multiple or intersectional.

Scope

- Can be used for all pathways
- Steps 2-8 relevant for context analysis
- Steps 9 relevant for inputting into design
- Can be adapted for monitoring and evaluation (see Section 7)
- Can highlight gender/intersectionality sensitive, responsive, and transformative insights

Audience: Girls and boys in the age group of 15-18 years and adults from diverse backgrounds.

Time required: One to two hours depending on the context and discussions

Steps

1. Explain the objective of the exercise.
2. Narrate the story of the thirsty fox and crane. A fox and a crane are both thirsty. The fox invites the crane to his house and provides water in a saucer.
3. Use photo in the toolkit (Figure 3.3).   Show the photo, and narrate that both the fox and crane are thirsty, and both are given a saucer of water to drink
4. Ask the audience who--the fox or the crane—would be able to drink the water and who would not. If the audience can't answer, explain that only the fox can drink from a saucer, whereas a crane needs a beaker or long-necked jar.
5. Explore whether they have ever felt like the crane in the story, under what circumstances and why.

6. Explore whether they know anybody else-- girl/woman/with disability/transwoman and man/boy/with disability/transman--from the same community who felt like the crane in the story.
7. Explore how this discrimination affected the participants'/others' health, education, protection, participation, and gender equality.
8. Note whether the discrimination is sequential multiple, additive multiple, or intersectional, and which identities are at play.
9. Gather the perceptions of the participants on what strategies they, their community organizations and partner NGOs could adopt to end discrimination.

FIGURE 3.3: THIRSTY FOX AND THIRSTY CRANE

Source: https://www.pinterest.com/pin/469078117418775626/

Dos and Don'ts

- Ensure that informed consent of one of the parents is taken if the participants are children.
- Group size of 10 is ideal.
- Ensure that there is privacy during discussions.
- If a person does not want to or does not have anything to share, do not compel them.
- Encourage participants to take an oath of confidentiality-- that they will not discuss what emerges in the discussion with non-participants.
- Arrange for counselling support where necessary.

Source: Adapted from Murthy, Ranjani K. and Sagayam, Josephine. Non-Discrimination, Children and Tsunami. 2006. Save the Children, UK/Chennai.

Example

When this method was used with an NGO in Tamil Nadu, India around eight women caregivers of children with disability and women/children with disability, the following examples of feeling like a 'crane' were cited. Children with disability and caregivers observed that not all schools and health facilities have ramps and railings, toilets suited to children with disability or ways of engaging them in sports. Education facilities for children with sight and hearing disabilities are located far away and in special schools. Parents of children with disability have little spare time to be represented in School Management Committees. Transport facilities are not geared to the needs of children with (all types of) disability. Several gender issues emerged during the exercise. Girls (and boys) with disability are vulnerable to sexual and emotional harassment, so parents were reluctant to leave girls with disability in hostels. Women caregivers observed that the responsibility of looking after children with disability fell disproportionately on them, and they were not (or less able to) engage in livelihood activities. Day care services for people with disability were limited.

iii. Caste-based discrimination mapping

Objective: To help Dalit girls/boys and women/men collectively map the discrimination they face in their interaction with dominant castes, and how this discrimination may intersect with other identities

Scope

- Can be used for all pathways
- Steps 2-9 relevant for context analysis
- Steps 10 relevant for inputting into design
- Can be adapted for monitoring and evaluation (see Section 7)
- For gender/intersectionality, responsive, and transformative insights

Audience: Dalit women/adolescent girls and men/adolescent boys, in groups of 5-6

Time: 60 to 90 minutes

Steps

1. Explain the objective of the exercise.
2. Choose an all-Dalit childr en or women's group. (Note the sub caste.)
3. Find out about the major castes in the village.
4. Draw a chart beforehand on the model of Table 3.2 (without the answers) on the ground or on chart paper.
5. If participants are non-lite rate, use symbols for talking, sitting next to each other playing, visiting, eating with, working with, freedom from sexual abuse (by other castes) and marrying.
6. Put these symbols in the headings of rows and columns, as shown in Table 3.2.
7. Ask participants if they can sit next to, play, visit, eat with, work with, marry and be free of abuse from dominant castes.
8. Place a tick or a cross in each cell based on their responses.
9. Explore issues of sexual abuse indirectly, such as asking if Dalit women face forms of violence from men from other communities that are different from those experienced by poor women.
10. Ask what can be done by community organizations and partner organizations to end caste-based discrimination, and gender and caste-based discrimination.

Dos and Don'ts

- Ensure that this exercise takes place in a Dalit hamlet.
- If there is no separate hamlet, the exercise can be done in an office
- Secure informed consent if the exercise is facilitated with adolescent girls/boys.
- Ensure that there is privacy during discussions.
- The facilitator should be somebody whom they trust.
- It may be good to hold discussions separately with women and men, and separately with adolescent girls and boys.
- Encourage participants to take an oath of confidentiality-- that th y will not discuss what emerges in the discussion with non-par ticipants.

Source: Staff of Society for Elimination of Poverty, Andhra Pradesh (unpublished)

Example

The exercise of (gender-integrated) caste-based discrimination mapping done in Andhra Pradesh with Madiga[4] women and the responses are given in Table 3.2

TABLE 3.2 CASTE DISCRIMINATION MAPPING AGAINST MADIGAS

Madiga children/adults/ women	Dominant caste children/adults						
	Sit together	Play together	Visit each other	Eat together	Work for each other	Freedom from sexual violence	Marry each other
Sit together	Not in school or village						
Play with each other		Not in village, during sports class sometimes.					
Visit each other			No. Madigas do not enter dominant caste homes				
Eat together				No. Served separately at functions			
Work for each other					Madiga girls and boys made to sweep in some schools Madigas work for dominant castes, never the other way around Cleaning of community toilets by Madiga women and men		
Freedom from sexual abuse by men from other caste						Madiga women exploited sexually by dominant case men. Never the other way around	
Marry each other							Inter-caste marriage not socially sanctioned

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4. Madigas in Andhra Pradesh are considered the Dalits among oppressed Dalits, and engage in manual scavenging even though it has been abolished.

iv. Stand on status line

Objective: To identify where people of different intersecting identities may stand with respect to child health, child education, child participation, child protection and gender equality.

Scope

- Can be used for all pathways
- Steps 1-11 relevant for context analysis
- Steps 5-12 relevant for input into design
- Can be adapted for monitoring and evaluation (see Section 7)
- For gender/intersectionality sensitive, responsive, and transformative insights

A strength of this method is the anonymity that participants feel, since identities are assigned and not their real identities.

Audience: NGO staff and federation leaders

Time required: one to two hours depending on the context and dicussions

Steps

1. Explain the objective of the exercise.
2. Draw a line, marking a scale from 1 to 10. One means "no progress" and 10 means "full achievement" of the objectives of the pathway.
3. Give identity cards to each participant (Arunthathiyar[5] Dalit, Other Dalit, Adivasi, minority, person with disability, girl, boy, woman, man, single woman, transwoman, dominant caste, and others). See Figure 3.4.
4. Pick up any pathway that Children Believe works on.
5. Ask a person with the Arunthathiyar Dalit identity card the likely level of attainment (on a scale of 1-10) of a Arunthathiyar Dalit vis-à-vis the pathway.
6. Ask the person to give reasons for their choice of level, and ask for recommendations to move to full achievement of the objective of that pathway.

FIGURE 3.4 STAND ON STATUS LINE

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5. Arunthathiyars in Tamil Nadu are again the most oppressed among Dalits, and at times engage in manual scavenging although it has been abolished.

---

7. Next, ask the person with the identity card of 'girl' their likely achievement if they belonged to an Arunthathiyar Dalit identity, with reasons, and their recommendations to move to full achievement of the objective of that pathway.

8. Next, ask the person with the identity 'boy' their likely achievement if they belonged to an Arunthathiyar Dalit identity, with reasons and recommendations to move to full achievement of the objective of that pathway.

9. Next, ask about the level of achievement if they were an Arunthathiyar girl with disability. and their recommendation to move to full achievement of the objective of that pathway.

10. Proceed until all intersecting identities pertaining to Arunthathiyar Dalit are covered and the complexity is unravelled.

11. Proceed to another identity and repeat for the same pathway.

12. After completing one pathway, repeat the steps for other pathways.

Dos and Don'ts

- This exercise should be done in a large, private space.

- Reassure participants that this is not an evaluation, but a learning tool.

Source: Developed for this toolkit by Ranjani Murthy and Mercy Kappen with two partners of Children Believe.

Example

When this exercise was done in Tiruvallur district, Tamil Nadu, India it was apparent that participants perceived that Arunthathiyar Dalits and Scheduled Tribe girls and women ranked the worst – around 4-5 on 10– on all the pathways. If they lived with disability, their status was perceived to be worse. Other Scheduled Castes and Most Backward Classes came next, and then Muslim girls (though not Muslim women).   Girls and women from dominant castes were perceived to fare better in child health, education, participation, and protection, but not necessarily related to gender equality. Boys and men fared better than women and girls, but not those addicted to substance use.

v. Progress and challenges mapping

Objective: To assess progress and challenges in achieving their objectives, including gender and intersectionality sensitive, responsive, and transformative ones.

Scope

- Can be used for all pathways

- Steps 3-8 relevant for context analysis

- Step 8 relevant for input into design

- To do with monitoring and evaluation if the group was formed by the project

- For gender/intersectionality sensitive, responsive, and transformative insights on progress and challenges related to pathways of Children Believe.

Audience: Grassroots organizations and federations of rights holders, as well as staff, management, and governance structures of partner NGOs. The steps illustrated are for grassroots organizations and federations. The group size can be 20-30.

Time required: one to two hours depending on the context and discussions

Steps

1. Explain the objective of the tool.

2. Bring together leaders of different grassroots groups formed by the organization, making sure the leaders have different identities.

3. Ask them why each group was formed. Note if they mention the need to address structural issues pertaining to gender and intersectionality.

4. Use fi e chairs to represent fi e pathways (separating health and education). Add an additional chair for cross-cutting issues such as livelihoods, if mentioned. See Figure 3.5.

5. Give participants post-its or flash cards of two colours--one for pr ogress and one for challenges on each pathway.

6. Ask participants to write one idea of progress (after group formation) or challenge (may be since group formation or before) per card and stick it on the appropriate chair—at the front of

FIGURE 3.5: PROGRESS AND CHALLENGES

chair for progress and at the back of the chair for
challenges.

7. Taking one pathway at a time, request volunteers
    to read out progress and challenges, avoiding
    repetitions in posts.

8. Ask participants to reflect on who--people of
    which gender and other marginalized identities-
    -have made progress and which identities have
    not, and the ways forward to address challenges.
    Including intersectional ones.

9. If this is done in a village, each kind of
    organization could discuss their analysis in
    groups and present their analysis. An advantage
    is that older Village Development Committee
    members get to listen to children and vice versa.
    An inter-generational dialogue happens.

Dos and Don'ts

If there are differences of opinion and consensus
cannot be reached, record the different opinions, and
note the identities of the people holding different
views.

Source: Developed for the tool kit by Ranjani Murthy and
Mercy Kappen

Example

In a meeting of a project-level federation of Village
Development Committees, comprising Child
Friendly Accountability Mechanism groups (majority
girls), mothers' groups, disability groups (mixed)
and livelihood groups (mixed) in the office of a
partner organization of Children Believe, federation
members reported that progress has been made
over the years in children's education (other than
during the COVID-19 pandemic), maternal and child
health, reduction in child labour and child marriage,
participation of women in local government, and
strengthening the accountability of the state to
children and women. On the other hand, the gap
between dominant castes and Dalits/tribals and
between different Dalit groups in access to services
and outcomes has widened. Discrimination against
Dalits, tribals, Muslims, transgender persons, people
with disabilities and orphans continue, and girls
amongst them are vulnerable to being trafficked for
sexual purposes or work (Dalits/tribals), forced to
undergo sterilisation (if challenged) or not having
access to community or public toilets (transwomen
and transmen).

vi. Social mapping

Objectives: To map the infrastructure, resources and facilities available and in which part of the village/urban habitat, and people of which gender, caste, community, headship, and abilities have access to these

Scope:

- Can be used for all pathways
- Steps 2-9 relevant for context analysis
- Steps 10 relevant for input into design
- Can be adapted for monitoring and evaluation (see Section 7)
- For gender/intersectionality sensitive, responsive, and transformative insights

Audience: Group of 15-20 persons from marginalized areas of the village (e.g., hamlet where Dalits live). The group should include women/adolescent girls and men/adolescent boys of different marginalized identities to allow for an intersectional perspective.

Time required: one –three hours depending on the size of the hamlet/village

Steps

1. Explain the objective of the exercise and the time it will take.

2. Identify where the most marginalized communities live and meet with women/adolescent girls and men/adolescent boys from these localities. Ensure that at least one woman and man and one adolescent girl/boy is present from each street of the habitat.

3. Make sure to include a higher sample than in population of single women, people with disability, Dalits/tribals, different sub castes among Dalits, minorities, and transgender population.

4. Ask participants to draw a map of the village on the ground or on chart paper and explore where people of different identities live.

5. Ask participants to draw and mark the location of roads, schools, health facilities, ration shops, community halls, water tanks, water points, Integrated Child Development Services (ICDS) centres, community toilets, local government office, places of worship, pl y area, houses, etc. If there are common property resources within the village, they should be drawn too.

6. Ensure that the habitats of dominant castes are also drawn, because this helps in a comparative analysis of the facilities for dominant and marginalized communities.

7. Note who owns their house (gender, caste, abilities, marital status, and other identities).

8. Explore which caste, religious or ethnic groups, gender, disabilities (motor, sight, hearing etc.) have access to places listed in Step 5 and who controls them (in terms of decision-making related to these resources).

9. Explore menstrual taboos in going to places of worship and other places.

10. Explore what actions participants suggest and, by whom to improve access and control over resources (listed in Step 5) by women from marginalized groups.

Dos and Don'ts

- Do this exercise in a place away from the hub of the village, preferably where marginalized groups live.

- Avoid holding the exercise in places of worship so that people can gather irrespective of faith.

- Questions on houses of different caste groups, single women and people with disability could be asked discretely after the exercise. If necessary, assemble in one of their houses to hold discussions.

- Facilitate in a way everyone gets a chance to participate in the exercise.

Source: Chambers, Robert. "The origins and Practice of Participatory Rural Appraisal." *World Development 22*, 7 (July 1994), pp 953-969.

Example

This gender and diversity-sensitive social mapping was facilitated by the NGO Guide and one of the authors in 2013 in a Dalit hamlet of a mixed village. Although Dalits were equal in population to dominant castes[6], the social map (Figure 3.6) revealed that resources like ration shops, large drinking water tank, ICDS centre, school, panchayat office, post-office, cooperative office, and library were in the place where the dominant castes lived. On the Dalit side of the village, there was a small drinking water tank and ICDS centre. Ponds and water channels were present in several places, with the water channel on the Dalit side having been leased for fishing by dominant castes There were temples in the village, but Dalits could not enter the ones where dominant caste Hindus lived. Caste Hindus rarely came to the Dalit hamlet. Menstrual taboos persisted across caste about women visiting temples. There were more huts on the Dalit side of the village, with a greater proportion of women-headed families living in huts (Murthy, 2015).

vii Intersectional problem analysis

Objective: To facilitate analysis of problems in a village from a gender, intersectionality, and social inclusion lens.

Scope

- Can be used for all pathways

- Steps 2-11 relevant for context analysis

- Steps 12 relevant for input into design

- Can be adapted for monitoring and evaluation (see Section 7)

- For gender/intersectionality sensitive, responsive, and transformative insights

Audience: Group exercise of around 10-15 people, at village level.

Time required: One to two hours depending on the context and discussions

FIGURE 3.6: SOCIAL MAP

Source: GUIDE. Social map in a village in Kancheepuram district, Tamil Nadu. 2013. Cited in Murthy, R.K. Toolkit on Gender Sensitive Participatory Methods. Institute of Social Studies Trust, New Delhi, 2015.

6. Dominant caste refers to a caste group that wields economic or political power and occupies a fairly high position in the caste hierarchy.

Steps

1. Explain the objective of the exercise.

2. Request people of different ages, sex, castes, ethnicity, religion, marital status, abilities, gender identities, etc. (as applicable) to assemble, making sure the most marginalized identities are represented.

3. Create a circle at the centre on the ground. Tell them that the circle represents their village.

4. Ask participants about the common problems of people in the village.

5. Ask for the specific problems of women, men, girls, and boys of different marginalized identities (see Step 2) related to child health/education, child participation, protection, and gender equality.

6. Read out each problem that has emerged during the discussion. Ask whether the problem should be written in "big cards" if many people in the village face it, "medium-sized cards" if a moderate number of people face it, and "small cards" if the problem is faced by few people.

7. Ask the participants to fill/write the cards, choosing the appropriate size.

8. Note who faces the problem in the card if the problem is faced by one intersectional identity (e.g., Dalit women, women with disability, girl child).

9. Ask participants to place the cards at a distance from the circle representing the village based on the importance of the problem. The closer the card is placed to the village, the more important it is to address the same.

10. Ask participants to place cards based on how important they perceive the problem to be.

11. Explain that the closeness between circles indicates the strength of interactions between different problems.

12. Close the exercise by asking what strategies need to be adopted to address the problems that are perceived to be important and affect a substantial number of marginalized people

Dos and Don'ts

• Facilitate the exercise in a private space.

• Ensure diversity in composition of the group, with people of marginalized identities well represented, and women and adolescent girls among them.

Example

When used in a village in Thiruchuli Block, Virudhunagar district, the participants identified the following as widely prevalent problems: lack of water in Integrated Child Development Scheme Centres, limited transport facilities to school, sexual harassment on the way to school, and lack of access for Dalits to the community hall. Though child labour exists, it was felt to be moderately prevalent and child marriage little prevalent. The limited transport, the participants felt, needed to be addressed through the transport department. People with disability pointed to problems such as lack of access to primary health centres, the distant location of the district headquarters, and lack of disability-friendly transport. They felt that their voice was not heard in local meetings and employment opportunities were limited. Society itself had a negative attitude towards those who lived with disability. Figure 3.7 presents some but not all the issues that emerged.

Source: Society for People's Education and Economic Change (SPEECH), a partner of Children Believe.

FIGURE 3.7 INTERSECTIONAL PROBLEM ANALYSIS

3.3.2 Gender tools from intersectionality lens

i. 24-hour clock

Objective

To understand the nature of work done by women/ men and girls/ boys of marginalized identities in a family during the span of a day, which work is valued more and which less (monetarily or otherwise), total work load in a day and how this could have a bearing on the pathways of Children Believe.

Scope

- Can be used for all pathways
- Steps 3-11 relevant for context analysis
- Step 10-11 relevant for input into design
- Can be used for monitoring and evaluation (see Section 7)
- For gender/intersectionality sensitive, responsive, and transformative insights

Audience: Women and men, girls, and boys with different marginalized identities. Ideally, this tool should be done individually because the 24-hour clock varies with age, birth order (first child vs. the youngest), relationship position, trans identity, disability, occupation of parents, etc., apart from community identities.

Time: 45 minutes per participant

Steps

Part I

1. Explain the objectives of the tool and that there is no right or wrong answer.
2. Draw a clock.
3. Begin with the time the participant gets up.
4. Ask the person what task they do when they get up and for how long.
5. Move to the next task and so on until the next day. See Figure 3.8 for an example.

Part II

6. Facilitate the same exercise with a member of the opposite sex in the same family.
7. Discuss whether and how the work of girl/boy or woman/man differs, which activity takes more time, which they consider difficult or eas , and what is valued more.
8. Explore differences in work load between (girl and boy) children of different birth order, children with disability, and older/younger women.
9. Based on Step 8, facilitate discuss how individual identities within the family (sex, birth order, disability, older/young women) can lead to differences in division of work and work load.
10. Discuss whether the workload and differences in work load have implications for child health, education, protection, participation, and gender equality, and how this should be addressed.

Part III

11. Repeat the exercise with women/men and girls/ boys in SC, ST, Arunthathiyar/ Madiga, Muslim, single women families, and families with people with disability.

Dos and Don'ts

1. This tool should be done individually, and a discussion can follow on how this division is different for people of different identities in the family.
2. The tool should be facilitated in a private space.

Source: Adapted from Mwau, A., Seed, J., and Williams, S. The Oxfam Gender Training Manual. Oxfam. UK, 1995.

ii. Access, ownership, and control mapping

Objective: To examine gender and intersectionality-based access, ownership, and control over resources in the household and the community

Scope

- Can be used for all pathways
- Steps 2-8, 10, 11-13 r elevant for context analysis
- Steps 9 and 13 relevant for input into design

Day in the Life

- Bathe
- Pray
- Collect water
- Collect wood
- Start fire
- Heat water for baths
- Sweep
- Prepare & feed breakfast for children
- Wake up children
- Bathe children
- Organise children for school
- Begin working
- Moments of delight
- Moments of difficulty
- Small Breakfast (milk/tea)
- Lunch
- Pray
- Work
- End work
- Cooks Dinner
- Eats Supper
- Prepares kids for bed
- Free time (reading, movie)

9:30 - 10:00pm
3:30 - 4:30am
7:30pm
5:00pm
7:30 - 8:00am

- Home
- Out of home
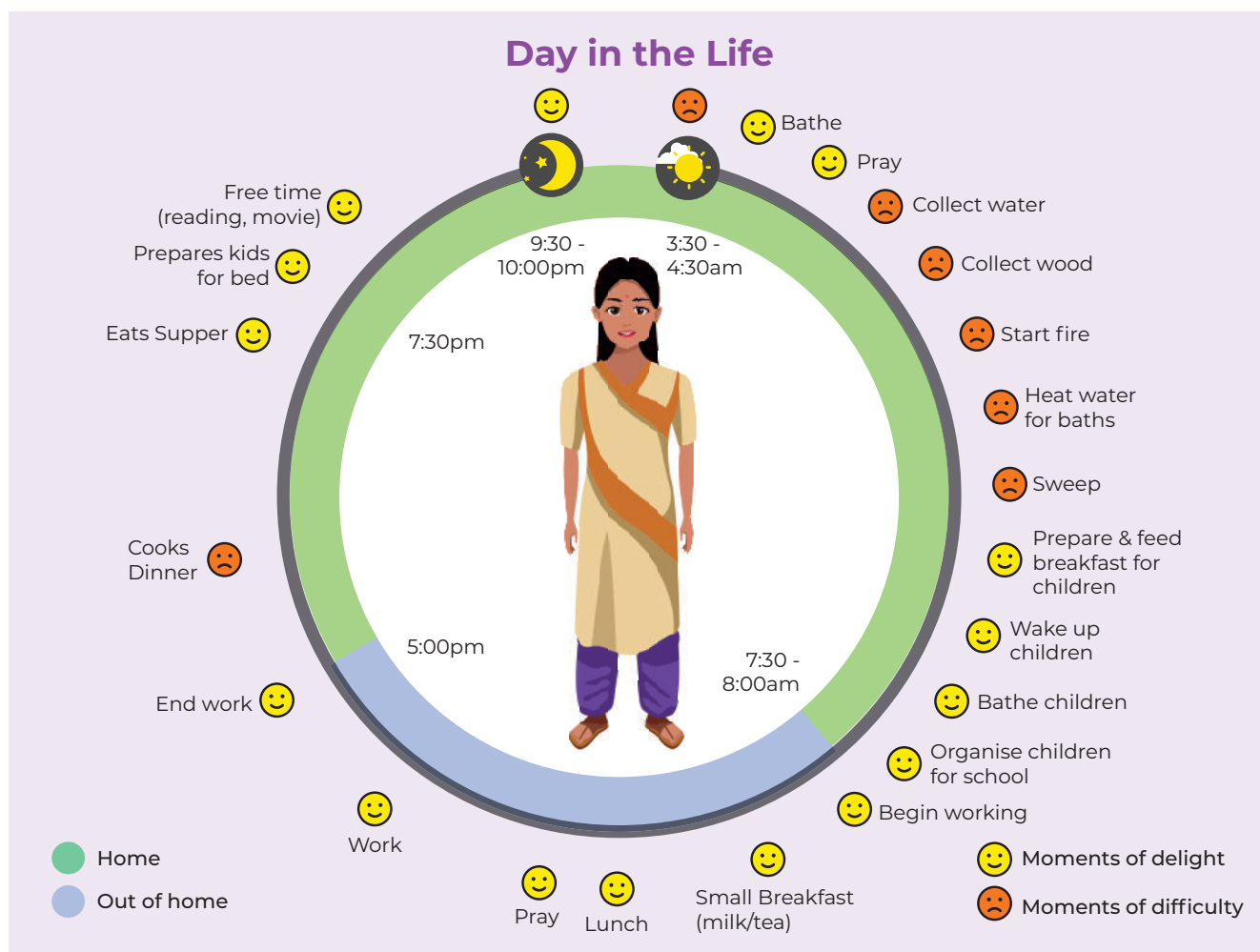
Source: Mwau, A., Seed, J., and Williams, S. The Oxfam Gender Training Manual. Oxfam. UK, 1995.

- Can be used for monitoring and evaluation (see Section 7)
- For gender/intersectionality sensitive, responsive, and transformative insights

Audience

- Individual marginalized women/adolescent girls (for individual exercises)
- Groups of women (8-10 members) of different marginal identities (for group exercise)

Time required: One to two hours depending on the context and discussions

Common Steps

1. Explain the objective of the exercise

2. Ask participants what they understand by access, ownership (legal) and control (decision making), and add to their de nition.

Steps with individual participants

3. Ask the woman/adolescent girl to list/draw the household members as head of columns.

4. Ask her to list the different resources in rows. Use the participants' de nition of resources.

5. Create a matrix, with each household member listed in columns and each resource as rows.

6. Ask the participant to "tick" whether the person mentioned in the column has access, ownership or control over the resource mentioned in each row. See Table 3.3. Do this exercise with women/

adolescent girl of different marginalized identities within the house.

7. Explore how the participants' access, ownership and control over household resources can be enhanced.

8. Modify the matrix if the couple is of the same sex or a transgender person living with the same/opposite gender.

Steps with group

9. Ask the group of women (of different

TABLE 3.3 GENDER-BASED CONTROL OVER RESOURCES

Assets and resources		Men	Women
Land		***** ****	*
House		***** ****	*
Small animals		****	******
Milch cattle		*****	*****
Bullocks for ploughing		***** **	***
Agricultural equipment		***** **	***
Jewelry		***** **	***
Utensils		*****	*****
Radio, cots etc.		***** **	***
Earned by men		***** ***	**
Earned by women		*****	***

Note: The women gathered ten stones for each asset and were asked to distribute it between men and women to denote the degree of rights they had over assets.

marginalized identities) to map the private agricultural land (irrigated and dry land), common land, temple land, tanks, lakes, and other common property resources inside and outside the village.

10. Ask them to colour the resource depending on which caste, religion, disability, and gender access it, own it or have control over it.

11.. Ask participants to compare this with the representation of different identities in the population.

12. Discuss how to expand control of marginalized

Source: Mwau, A., Seed, J., and Williams, S. The Oxfam Gender Training Manual. Oxfam. UK, 1995.

Illustration from Murthy, R.K. Toolkit on Gender Sensitive Participatory Methods. Institute of Social Studies Trust, New Delhi, 2015.

Example

Gender-based access and control over resource mapping was facilitated with a group of women landless labourers and marginal farmers in Bihar in 1993. Roughly half the group members were Dalits. The exercise was split into two parts. The first part focused on access to basic needs and the second part on control/ rights over assets and income. The women used small stones instead of tick marks. The mapping revealed that women had less access than men to food, education, healthcare, water for bathing, and open space for defecation. Women exercised some control over small livestock and dairy animals, but less over land, bullocks, and their own income.

---

iii. Gender and intersectionality-based decision matrix

Objective: To map intra-household decision making and decision making in government committees to promote accountability to women of different marginalized identities

Scope

- Can be used for all pathways
- Steps 2-8 and 10-16 r elevant for context analysis
- Steps 9 and 17 relevant for input into design

- Can be used for monitoring and evaluation (see Section 7)
- For gender/intersectionality sensitive, responsive, and transformative insights

Audience: Individuals when intra-household decision making power varies, or in groups of 8-10

Steps

1. Introduce the objectives of the tool.

If individually

2. Encourage participants to prepare a table or matrix on a large paper or on the ground.

3. List the different areas (children's education) for decision making in rows, seeking inputs from participants.

4. Devote one row for each area for decision making.

5. Prompt for important areas of decision making that are missed.

6. Ask participants who initiates, who discusses and who takes the decision in each area: their husband, their mother-in-law , themselves or jointly. Use columns. See Table 3.4 for an example

7. Explore why on some issues women solely take decisions but not in others.

8. Do this exercise with women of different marginalized identities.

9. Explore what strategies are required to enhance women's decision-making in the household.

If done as a group exercise on marginalized women's participation in government committees, the steps may be modified as follows

10. Ask what government committees are or are supposed to be there in the village.

11. List the committees and add any committee that the women may have missed.

12. Explore which committees are functional, which are not and why. See Table 3.5.

13. For functional committees, explore whether women are just represented on paper, participate in, have influence over, set agendas, and make

TABLE 3.4 DECISION-MAKING MATRIX, VILLAGE: D. THAMMANDRAPALLI

Issues	Initiation	Discussion	Decision
Crop Selection Agricultural	M	-	M
Operations Marketing of	M	MW	M
Produce	M	-	M
Purchase of Household articles/assets Purchase of House, Land Land Improvement	M	MW	MW M
Family Planning (Contraception)	MW	MW	M
Education of Children	MW	MW	M
Celebrating/Attending Festivals - in house - outside	W M	MW MW	W M
Negotiating the marriage of Children: -Selection -How much to spend	MW MW	MW MW	MW* MW

M: Male, W: Women *More Weightage given to a man's' opinion.

Source: MYRADA. "Analysis of Societal Roles and Problems from a Gender Perspective and Development of Gender Sensitive Tools in PRA-PALM." MYRADA PRA-PALM Series 7, 1992. https://myrada.org/analysis-of-societal-r oles-and-pr oblems-fr om-a-gender-perspectiv e-and-development-of-gender-sensitiv e-tools-in-pra-palm/

decisions (including gender/ intersectionality sensitive, responsive, and transformative ones).

14 Note women of which identities (dominant caste, Dalit, minorities, etc.) influence, set agendas and make decisions, and which women do not.

15 Explore if decisions are implemented.

16 Discuss what can be done to enhance the decision-making power of mar ginalized women in different committees.

Time: 45 minutes to one hour.

TABLE 3.5 COLLECTIVE DECISION-MAKING POWER MAPPING

	Active	Level of decision-making
Water user's committee	✗	–
PDS user's committee	✗	-
PDS user's committee	✗	–
School committee	✓	Agenda setting decision mapping (Monitoring of Caste discrimination Sexual Abuse)
Village health, water & sanitation	✗	–
Gram sabha	✓	Agenda Setting (Solved drinking water, street light etc)
Cooperative society	Recently Started	–

Source: Murthy, R.K. Toolkit on Gender Sensitive Participatory Methods. Institute of Social Studies Trust, New Delhi, 2015.

Example

The mapping of decision-making power from a gender lens was carried out in a Dalit hamlet in Sathyamangalam district of Tamil Nadu in 2013. Dalit women shared that water-users' associations, the public distribution system committee, the water, health/sanitation committee and the ICDS committee were not active in their village. A cooperative society has only recently started. There was a school management committee, and the Dalit and other women monitored teacher attendance, school infrastructure and any kind of discrimination. Interestingly there were a few Dalit teachers in the school management committee, which helped address caste-based discrimination in schools. In the Gram Sabha, the Dalit women raised several practical interests such as access to drinking water, street lighting, and the sewage system, of which around 60 percent were met.

iv. Violence mapping

Objective: To understand the incidence of violence against women, girls, and boys of different identities, trends in the same, and causes of such violence

Scope

- Mainly relevant to pathways on gender equality and child protection, but also has a bearing on child health/education and child protection

- Steps 3-9 and 10-14 relevant for context analysis

- Steps 10 and 15 relevant for input into design

- Can be used for monitoring and evaluation (see Section 7)

- For gender/intersectionality responsive and transformative insights

Audience: Group exercise, of around 10-12 women or adolescent girls

Steps

Part I: Violence against women and girls

1. Explain the objective of the exercise.

2. Ensure that the facilitator is of the same sex/gender as the participants.

3. Ask the participants to list different forms of gender-based violence [7] faced by women and girls in the family and outside (transport, school, communities, markets, health centres, work place, etc.).

4. Make a table and record one form of gender-based violence per row (e.g., child marriage). See Table 3.6.

5. If the majority of participants are non-literate, depict the form of violence through a picture.

6. If some form of violence is missed in their listing

TABLE 3.6 GENDER-BASED VIOLENCE MAPPING

Forms of gender-based violence	Incidence	Trend
Sex selection	1/10	Declined
Child marriage	0.5/10	Declined
Dowry	7/10	Increased
Girl child labour	High within the home	
Physical violence against women and girls	3/10 (mainly at women)	Declined
Sexual violence at home	No information	
Verbal/emotional abuse, often linked to alcohol use	6/10	Increased

7. Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence, but the majority of survivors are women and girls (European Institute of Gender Equality, 2022).

but that you know is prevalent, prompt and ask whether this form of violence exists in their community. Use a different colour to record promoted responses.

7. Take each form of violence against women and girls and ask participants to estimate in roughly 10 families how many women or girls face such violence.

8. Ask about the trend--whe ther the form of violence has increased, decreased or remained the same--and why .

9. If there are differences of opinion in the group on the estimate, encourage consensus. If no consensus can be reached, note the differences.

10. Explore what measures need to be taken to eliminate violence against women and girls.

Part II

Intersectionality and gender-based violence

11. Explore whether forms of gender-based violence vary across caste, ethnicity, religion, disability, marital status, gender identity, etc.

12. If yes, explore in what specific w ys.

13. Explore whether certain forms of gender-based violence are experienced more by women and girls from a particular background (e.g., Dalit women sexually exploited by landlord, forced hysterectomy on girls/women who are intellectually challenged).

14. If yes, explore rough estimates in a sample on a scale of 1-10.

15. Explore the measures needed to eliminate violence against groups of marginalized women and girls.

Dos and Don'ts

• Choose a private space.

• Get an oath on confident ality.

• Request that the name of the women/girl survivor should not be taken, but the names of places/ persons that provide transformative counselling, legal and other services for survivors should be made available to the group.

Source: Adapted from Murthy, R.K. Toolkit on Gender Sensitive Participatory Methods. Institute of Social Studies Trust, New Delhi, 2015.

Example

In an adolescent girl-exclusive CFAM group in Chittoor district, Andhra Pradesh, India comprising Hindus and Muslims, the CFAM leaders reported that dowry expectation/ harassment and verbal abuse of women (often following alcohol consumption) within the household was high (60-70 percent) and to have increased over time. Physical abuse of women and girls was estimated to be experienced by around one-third women, and child marriage and sex selection was estimated to be prevalent in 5-10 percent of households. However, sex selection was not prevalent among Muslims. Physical abuse of women, child marriage, and sex selection was, according to the CFAM leaders, on the decrease. Hindu girls considered dress codes for Muslim adolescent girls to be restrictive, while Muslim girls saw it as their cultural right.

v. Body Mapping

Objective

To understand the extent of control adolescent girls (16-18 y ears) and women of different marginalized identities exercise over their body, and what can be done to enhance control of women and adolescent girls over their bodies.

Scope

• Relevant to all pathways.

• Steps 2-6 and 9-12 r elevant for context analysis

• Steps 7 and 13 relevant for input into design

• Can be used for monitoring and evaluation (see Section 7)

• For gender/intersectionality sensitive, responsive, and transformative insights

Audience: This tool should be used with adult women or girls in late adolescence (16-18 y ears). Body mapping should be done individually if used to discuss with participants about their control over their bodies.

If done with a group, the audience would look at the bodies of women or adolescent girls with assigned identities (Dalits, Muslims, transgender, dominant caste, etc.).

Steps

If done Individually

1. Introduce the objectives and methodology.

2. Get the participants' consent (also from parent, if participant is below the age of 18).

3. Ask the woman/adolescent girl to draw her body. Note which part she does not draw.

4. Explore how much control a woman exercises over different parts of her body, beginning with the feet, legs, vagina, breasts, heart and move up to hands, mouth, and mind. "Control" refers to one's power to individually or collectively make decisions that empower the woman. See Figures 3.9 and 3.10.

5. Ask participants to rate her degree of control over each part of the body on a scale of 1-3 (1=low, 3=high) along with reasons. To reduce subjectivity in rating, see Table 3.7 for guide to facilitate discussion with adolescent girls.

6. Ask participants what measures are required to enhance control over their bodies.

If done in groups

7. Introduce the objectives and methodology.

8. Draw the bodies of girls in late adolescence or adult women belonging to three different marginalized identities (for example, Dalit women, women from minority communities, and women with disability).

9. If the exercise is being done with adult women, modify the questions in Table 3.5 to suit them.

10. Ask what the group thinks will be the control that Dalit women exercise over different parts of their bodies using the criteria given below.

11. Ask how different it would be in the case of women from a minority community or women with disability. Why?

12. Ask participants what measures are required to expand control of marginalized women over their bodies.

FIGURES 3.9 AND 3.10: BODY MAPPING WITH ADOLESCENT GIRL
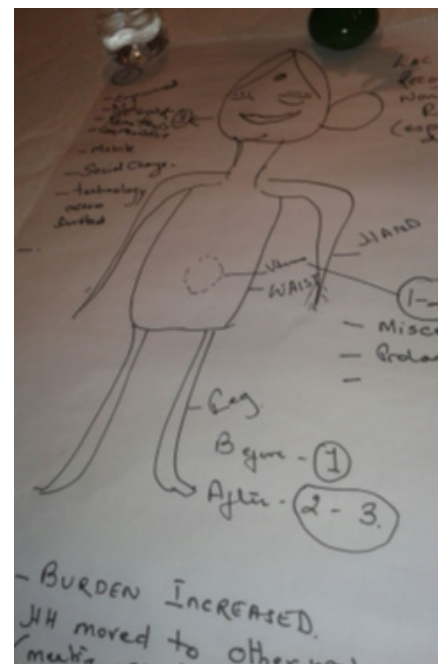
Source: Pallavi and Gupta (2016) and ROPES partner of Children Believe, India

TABLE 3.7 POSSIBLE QUESTIONS FOR ASSESSING ADOLESCENT GIRLS' CONTROL OVER PARTS OF THEIR BODY

Parts of body	Questions for assessing control – Adolescent girls (16-18)
Feet	Are you allowed to go outside the village on your own? Are you allowed to visit any institution on your own? Are you free to go outside late in the evening?
Legs	Are you allowed to play sports that you like? Are you allowed to wear what dress you want? Are you allowed to sit as you want?
Vagina	Do you use hygienic material during menstrual periods? Is there enough water and privacy to wash in school while changing pads? Are you free from sexual violence?
Breasts	Do you know how to examine your breast for lumps? Do you feel free to talk about your breasts? Can your family afford undergarments of good quality?
Heart	Do you feel happy about your life? If a boy who likes you wants to date you, but you do not, would you be able to say no? If a boy says no to your love, would you be able to accept?
Hands	Do you know how to use a computer? Do you how to operate a cell phone or a smart phone? Do you operate your own bank account?
Lips/mouth	Have your spoken out when your rights have been violated? Have you helped those facing gender-based violence/discrimination by arguing their case? Do you have friends outside your caste/religion/community?
Mind	Do you think women should work if they have a child under the age of three? Is marrying a good person outside one's caste all right? Do you think people with disability (motor, sight, and hearing) are capable of employment?

Dos and Don'ts

- This exercise should be done in a private space, with no men/boys around.

- Obtain participant consent and the consent of parents in the case of adolescent girls.

- In the case of the group exercise, get the assurance of participants on confidentialit .

- Skip parts of the body that the participant does not want to discuss.

- Have a counsellor ready in case of distress.

Source: Adapted from Murthy, R.K. and Gupta, Pallavi. "Making a Difference: Empowering Girls Through Sports, Life Skills and Gender Awareness." Naz Foundation. New Delhi, 2016.

Example

During the evaluation of the Goal Programme of Naz Foundation, control over body mapping was used with Community Sports Coaches, the majority of whom were above the age of 18 and from low-income groups. The tool was facilitated in one room in an office, with nobody else present, to ensure privacy. Very few young women/adolescent girls drew the breast or vagina, reflecting connotation of shame with these parts of the body. While overall control over parts of the body was 2 on a scale of 1-3 (moderate control, due to the program), a constraint that was expressed was that family poverty lowered the ability to maintain menstrual hygiene, purchase new undergarments, and access to laptops. Happiness (to do with control over the heart) was also dependent on the situation at home, such as parents' health and habits (excess alcohol consumption). Participation in intra-household decision making had improved from 1 to 2, but not on all issues and they were more afraid to converse with fathers than mothers. On most gender, disability and inter-caste marriage issues their attitudes was positive. One on which there was ambivalence was women working when children were under the age of three, even when the breast-feeding stage was over.

vi Empowerment star

Objective

To understand the empowerment of women of different identities in different realms: sexual and reproductive health/rights, education, economic participation, political participation, and bodily integrity

Scope

- Relevant to all pathways
- Steps 2-4 and 6-8 relevant for context analysis
- Steps 5 and 9 relevant for input into design
- Can be used for monitoring and evaluation (see Section 7)
- For gender/intersectionality responsive and transformative insights

Audience

Women or adolescent girls, individually or in groups of 10

Steps

Individually

1. Explain the objectives of the exercise.
2. Draw a star on the ground or on chart paper.
3. Ask participants to mark each point of the star as health/sexual reproductive health and rights (SRHR), education (if with adolescent girls), economic participation, political participation and (freedom from) gender-based violence.
4. Give three criteria for ranking their situation on each point in the star, and ask them to rate where they are on each domain on a scale of 1-3. Possible criteria are given in Table 3.8.
5. Explore their suggestions on how to move towards a rating of 3.

In groups

6. Make sure the group is homogenous-- SC exclusive, transgender exclusive, etc. Homogeneity is useful since women from each community will know better about their community than others.
7. Facilitate the empowerment star (Steps 1-3 of individual exercise) with each identity group separately.
8. Present the findings o a larger group/federation of marginalized groups.
9. Explore their suggestions on how to move towards a rating of 3.

Dos and Don'ts

Do this exercise in a private space.

Do not allow men/husbands/partners to join.

Source: Adapted from Mayoux, Linda. "Gender Action Learning System for Sustainability at Scale." 2022. https://gamechangenetwork.org/gender-empowerment/galsatscale/

Time: 60 to 90 minutes per individual or per group

TABLE 3.8: POSSIBLE CRITERIA FOR ASSESSING EMPOWERMENT ACROSS DOMAINS

Domain	Possible criteria
Political	1. Does a woman from your background have an equal chance (as men from your community and men from dominant groups) to contest the post of a ward member in reserved and unreserved seats? 2. Does a woman from your background have an equal say in decision-making in local government meetings/Village Council as men and women from dominant groups? On strategic issues? 3. Is the local government office culture free of discrimination based on gender, caste, and other identities (seating, access to toilets, ramps)?
Economic	4. Is there parity in employment and wages/income earned by a mother compared to that of earning women and men in the household and dominant community in the village? 5. Do you or your mother own or have control over household and community assets equal to men in the household/community? 6. Is the work space free of gender and intersectional discrimination in division of labour, wages, access to formal sector employment, sexual/caste/(multiple) identity-based harassment?
Health	7. Do you get equal access to food/nutrition/health care as your brother/husband? 8. Is there parity in your access to food/nutrition/healthcare as that of women/girls and men/boys from dominant groups? 9. Are you satisfied with healthcare for sensitive issues like irregular periods, contraception, safe abortion, and gender-based violence?
Education	10. Within the house is there parity in access to education between you and your (male) siblings? 11. Is there parity in educational attainment of girls and boys from your community vis-à-vis girls and boys from dominant groups? 12. Are the classroom, playground, toilets, and transport free of gender, caste, and other identity-based discrimination?
Gender-based violence	13. Do you feel you are treated equally to your male siblings by your parents? (If no male siblings, ask about male cousins.) 14. Are you free of gender/other identity-based violence at home? 15. Are you free of gender/other identity-based violence in the community, school, transport, and other public spaces?

Example

This exercise was carried out as part of an intervention by the Centre for Health and Social Justice (CHSJ) with men on masculinities, parenting and being good spouses in Jharkhand district. The discussion with the spouse of a male changemaker used the empowerment star to capture her perception of changes seen. She shared that theirs was an arranged marriage. Earlier her husband used to expect food to be handed to him, but now he helps himself and if she is tired, he serves her. While she did not have full control over when to have children (born within a year of marriage), together they decided that one child was enough. She had gone in for contraception, based on a joint decision. Caring for the child fell on her initially, but over time he fed the child and took her to see a doctor when needed. Her political participation had not improved, because she and her husband felt that she had to look after her small child. She had completed her education, and did not wish to study more. However, she did want to work as a teacher, which she was doing earlier, after the child was four. There was no incident of physical and sexual violence at home. Authoritarian behaviour had reduced through the program. She had her own bank account, but did not own assets. She gave 2 for health, 1 for economic empowerment, 0 for political participation and 3 on gender-based violence. She attributed most changes to the initiative of changemakers, and some to government schemes on financial inclusion

A variation is when the empowerment star was facilitated with adolescent boys who were being sensitized to challenge dominant masculinities. They gave marks on the following: i) equality with sisters in food, health, education, ii) no child marriage of sisters, iii) sharing of work with sisters or parents, iv) not controlling sisters, v) not hitting sisters (Murthy, 2018). See Figure 3.12.

vii. Attitudinal mapping

Objective

To map attitudes on gender, intersectionality and social inclusion, and reasons for attitudes that are not progressive

Scope:

• Relevant to all pathways

- Steps 4 and 9 relevant for context analysis, and can also feed into design (in terms of strategies to foster attitudes that are not sensitive to gender/intersectionality)

- Can be used for monitoring and evaluation (see section 7)

- For gender/intersectionality transformative insights

Audience

- Men and adolescent boys

- Women and girls

- Groups of 8-10

Steps

1. Prepare some gender and intersectionality transformative statements, and some that are not. A possible list is given in Box 8.1 covering different pathways.

FIGURE 3.12: ADOLESCENT BOYS AND GENDER EQUALITY

Source: Murthy, R.K. "New Frontiers in Working Towards Gender Equality and Child Rights?" Centre for Health and Social Justice (CHSJ). New Delhi, 2018.

- People can marry outside their caste. (X)

- Parents with two daughters should find out if the third is a male or female child .(X)

- Partners of elected women representatives should support their wives by taking care of all household chores when their wives attend local government meetings. (_/)

- Women will get too assertive if property is in their name. (X)

- Women can enter temples during menstruation. (_/)

- Only sons can light the funeral pyre. (x)

- It is unsafe for girls to travel alone in the evening; hence they should stay at home. (X)

- Boys are vulnerable to sexual abuse too in families, schools and outside. (_/)

- If a girl is raped, once she becomes an adult, she should get married to the perpetrator. (X)

- Men can do household chores — cook, clean, look after children— to reduce the work of women and girls. (_/)

- A transgender person under 18 should leave the village, because their gender identity is not socially acceptable. (X)

- Girl children with disability can take leadership position in children's groups. (_/)

- Muslim girls should not wear head scarves to school. (X)

- Caste-segregated seating in school should be allowed, because children from SC/ST backgrounds do not dress properly. (X).

- Only women can look after young children, even after breast feeding is over. (X).

- Men should be present during the delivery of their child. (_/).

- Committees to oversee early childhood development centres should include men from diverse background. (_ /)

Source: Adapted from Murthy, R.K. "New Frontiers in Working Towards Gender Equality and Child Rights?" Centre for Health and Social Justice (CHSJ). New Delhi, 2018.

2. Hold two placards stating yes and no. Do not give the option of choosing 'maybe'.

3. If the participants are non-literate, hold up two placards--one with a tick () and the other with a cross (X).

4. The possible answer is given after each statement (to be used only by the facilitator).

5. Read out a statement from the list and ask the participants to choose whether they agree or disagree.

6. If there are differences in opinion, allow the two groups to debate with each other.

7. Explain why one answer is correct and one not, giving reasons. But leave it to the group to decide.

8. Repeat Steps 5 to 7 for all statements chosen.

9. Sum up areas where agreements have been reached, and areas where no agreement was reached.

Time required: One to two hours60 to 90 minutes, depending on the number of statements chosen

Dos and don'ts

• Do not push for a consensus, but present your arguments.

• Keep stressing this is an exercise/game, so that huge conflicts do not arise.

Example

This exercise was done as part of this tool development with adults (women and men) and children (adolescent girls and boys) from different communities in Tiruvallur and Chittoor districts of Tamil Nadu and Andhra Pradesh, respectively. There was consensus that girls and boys should have equal access to education and food, sex selection should not be allowed, and elected women should attend/ influence local government meetings. Where there was less clarity was on whether a survivor of rape should marry the rapist and whether women should work when children are young. Children (girls and boys) in children's clubs had the most favourable attitude, followed by women leaders and men.

3.3.3 Moving from tools to context analysis

Choice of Tools. Ideally, each organization chooses seven tools, of which one is compulsory (progress and challenge mapping) because, unlike other tools, it points to driving/facilitating factors that can be used for forcefield analysis during design (see Section 4). Six other tools for context analysis, more likely to point to constraining/hindering factors, can be chosen based on the priorities of the organization. Ideally, three should be intersectionality tools into which gender has been woven in and three gender tools into which intersectionality has been woven in.

Sample. The chosen tools should be facilitated in 30 percent of project locations, through a purposive sampling of locations where marginalized groups live. Care needs to be taken to facilitate tools with women, girls from Dalits, Arunthathiyar/Madiga among Dalits, tribals, primitive tribals, minorities, migrants, and other marginalized groups. Among these, the sample should cover people with disability, single women, orphans, and LGBTQ.

Data analysis. The insights should be analyzed qualitatively and quantitatively. For example, if girl child marriage is an issue that emerges in two tools and the percentage of respondents who say that it is an issue varies slightly across two tools, take the average figu e. However, if the percentage of respondents who say girl child marriage is an issue varies widely, facilitate a discussion with participants in both groups until a consensus on the percentage reporting girl child marriage is reached.

Conceptual analysis. Data tabulation should be followed by identifying sequential multiple, additive multiple, and intersectional discrimination.

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4. TOOLS FOR PROGRAM DESIGN FROM THE LENS OF GENDER, INTERSECTIONALITY, AND SOCIAL INCLUSION LENS

4.1 Objective

- To introduce force field nalysis for program design from gender, intersectionality, and social inclusion lens

- To illustrate the use of force field analysis f om a gender, intersectionality, and social inclusion lens across the four pathways of Children Believe.

4.2 Force field analysis

Objective

To illustrate the use of insights from tools for context analysis for force field analysis and design along the pathways

Scope

- Program design/planning
- Gender/intersectionality sensitive, responsive, and transformative design
- All pathways

Audience: Program team and federation leaders

Steps

1. Introduce the objective of the force field tool
2. Explain that for attaining any goal, there are driving factors and restraining factors.

3. Draw out from the context analysis in Section 3 driving factors and restraining factors for each of the four pathways of Children Believe across four institutional sites:
    - Family
    - Community[8]
    - Market[9]
    - State[10]

4. See example in Section 4.2.

5. Analyze how driving factors could be used to address restraining factors in a gender/socially sensitive, responsive, and transformative manner.

FIGURE 4.2 FORCE FIELD ANALYSIS–INSTITUTIONAL LENS
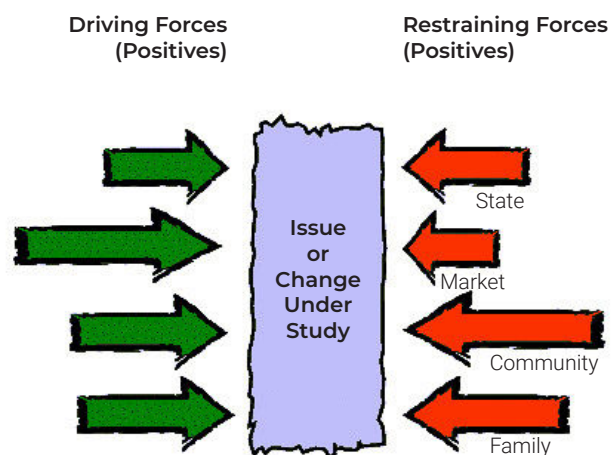
This Photo by Unknown Author is licensed under CC BY-SA

Source: Adapted from Kabeer, N. Reversed realities: Gender Hierarchies in Development Thought. Verso. London, 1994.

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8. The institution of community includes religious bodies, traditional councils, community-based or ganizations, and non-go vernment organizations.

9. The institution of markets includes labour market, land market, finan e market, and commodity market.

10. The institution of state includes local government, administration, judiciary, and legislature.

6. If there are significant differences in gender/intersectionality issues and strategies that need to be adopted for different marginalized groups, make separate force field analyses for each community.

Time required: 90 minutes for each pathway.

4.3 Example: Applying gender/intersectionality tools and force field analysis

Social Activities for Rural Development Society (SARDS) facilitated context analysis using six gender and intersectionality tools in a sample of its villages with the support of groups they had formed. See Table 4.1 for a list of the tools. In this section, the focus is on SARDS' synthesis of findings from facilitating the tools for context analysis and design in five villages populated by primitive tribal groups, out of a total of 10 primitive tribal group (PTG) villages covered by the organization. Two-thirds of participants in the context analysis were women and girls, and one-third men and boys.

The driving and restraining factors that emerged across social institution and pathways are given in Table 4.2. Some of the cross-cutting aspects of diversity among PTGs, in addition to gender, are disability, children without parents/with one parent, and children with migrating parents. The particular gender issues confronting women and girls from PTGs include child marriage even in the age 13-15 cohort, high fertility rates (4-5 children) that are above state average, limited institutional delivery unlike the trend in the state, high levels of alcoholism among men and (only slightly lower among) women, high incidence of gender-based violence, children being left under sibling care when parents eke out a livelihood, lack of basic services such as health, education, and early childhood care unlike non-PTG villages. Examples of additive multiple discrimination are children (more girls than boys) who do not go to residential schools, which could lead to child labour and protection issues. Sequential discrimination can be seen with high levels of anaemia among adolescent girls leading to complications during pregnancy.

Table 4.2 also draws attention to how the driving factors (few) can be used to address hindering factors (many). The interventions that use facilitating factors to address hindering ones that have been identified through the gender/intersectionality tools are also described in Table 4.2 (Column 6). Interventions in brown are gender and intersectionality sensitive and those in blue are gender and intersectionality responsive. Those in black appear to be gender intersectionality absent strategies, but may have an intensified impact on women from primitive tribal groups, and can hence be considered gender and intersectionality sensitive. None of the interventions identified by themselves are gender and intersectionality transformative, but together they may contribute to gender and intersectional transformation. Further, the force field shows that it is important to look at intersectionality within intersectionality, such as identities of disability, age, marital status, and parental support along with the intersection of gender and PTG identity.

TABLE 4.1 TOOLS SELECTED BY SARDS FOR CONTEXT ANALYSIS THROUGH GENDER/INTERSECTIONALITY LENS

Intersectionality tools (modified from gender lens)	Gender-specific tools (modified from intersectionality lens)
Happiness mapping	Violence mapping
Problem analysis	Body mapping
Progress and challenges	Empowerment star
	Attitudinal mapping

TABLE 4.2 DRIVING AND HINDERING FACTORS, AND STRATEGIES TO ADDRESS HINDERING FACTORS

Institution and tools	Driving factors % villages	Restraining factors participants	%	Strategies to use driving factors to address restraining factors
Pathway 1: Education and Health				
Family		Parents not literate High alcohol consumption Poverty inhibiting use of menstrual hygiene High fertility rate (4-5 children) (Tools: violence mapping, body mapping)	87% 95% (male) 65% (female) 60% 90%	Work through local governments to provide non-formal education for non-literates Work with district public hospitals to provide de-addiction services and anti-substance use awareness Lobby with education department/schools for effective supply of free sanitary pads Work with primary health centres on reaching contraception to PTGs, and with rural development on reaching poverty reduction schemes to PTGs
Community	A few men who do not consume alcohol could be role models Presence of women's self-help groups (SHGs) need to be strengthened and federated	Child marriage (13-16 years) girls and boys. High levels of anaemia in girls and women Home delivery, emergency obstetric care limited (Tool: violence mapping)	80% 65% 90%	Formation/strengthening of village-level child protection committee to prevent child marriage. Federations and SARDS felicitate men who do not consume alcohol and indulge in gender-based violence on international women's day. Federations and SARDS to strengthen maternity services and nutrition centres for women and girls through advocating full-fledged ICDS centres Work through SHGs/local government on nutrition-sensitive home gardens.
Market		Low income and wages, gender gap in wages (Tool: violence mapping)	90%	SARDS and federations to strengthen PTG-managed value chains, with a focus on women.
State	Branches of ICDS centres functioning in a hut with an ayah (help). Presence of residential schools for tribals Government rule that school management committees (SMCs) should oversee school functioning	Poor education service Poor ante/postnatal care School drop-out (higher for girls) Poor drainage Inadequate water Poor electricity supply Small and poor housing Lack of proper/ disabled-friendly transportation Lack of ICDS centres (Tool: problem analysis)	50% 70% 100% 70% 65% 50% 60% 65% 50%	SARDS and federation to: • strengthen village health nutrition and sanitation committee, and monitor health sub-centre/ICDS from gender, PTG, and intersectional lens • lobby for safe, disabled-friendly, and timely transport/ ambulance facility to PTG areas • strengthen inclusivity and gender, PTG and intersectionality monitoring of government schools by SMCs. • encourage parents to send girls to residential schools • lobby with local government for better drainage, water supply, electricity supply, and housing for PTGs • lobby with department of health for antenatal and postnatal care and anaemia screening for PTGs

Institution and tools	Driving factors % villages	Restraining factors participants	%	Strategies to use driving factors to address restraining factors
		Pathway 2: Child protection and rights		
Family		Girl child labour	70%	SARDS and federations to raise awareness on child rights convention among parents, grandparents, teachers, child protection committee members, and other community leaders
		Lack of parental care	90%	
		Forest migration.		
		Corporal punishment	60%	Gender sensitization of couples discussed under Pathway 4 may reduce girl child labour at home
		Parents separated	40%	
		No time to play.	70%	
		(Tools: body mapping, problem analysis)		
Community	Village-level child protection committee under formation Child Friendly Accountability Mechanism (CFAM) groups and federations (both under formation)	Child marriage (Tools: violence mapping, happiness mapping)	80% (boys)/ 90% (girls)	Inclusivity (of sensitive PTG) and strengthening of village-level child protection committees SARDS in collaboration with DLSA to raise awareness on legislations pertaining to child and forced marriage and their consequences
Market		Child labour (girls and boys) Harassment at work place (Tools: happiness mapping, violence mapping)	65% 60%	SARDS in collaboration with DLSA to raise awareness among parents, community, and employers on legislations pertaining to child labour SARDS along with other state/national level NGOs to lobby for right to education to be extended from elementary to secondary education
State	District Legal Service Authority (DLSA)	Harassment at school based on ethnicity and gender (Tool: happiness mapping)	60%	SARDS to work through school management committees to address harassment of children who are from PTGs by dominant groups; raise awareness on prohibition of SC/ST Atrocities Act Anonymous complaint boxes to be kept in all schools
		Pathway 3: Child participation		
Family				SARDS/federations to launch campaign on children's agency in matters that concern them, including participation of girls in decision making
Community		Lack of space to express opinion (Tool: body mapping)	68%	SARDS/federations • to form CFAM groups in all PTG villages; and develop leadership of girls and boys from PTGs (including children with disability) • to ensure that girls and boys from PTGs are in leadership of (multi-community) children's parliaments/ federations

Institution and tools	Driving factors % villages	Restraining factors participants	%	Strategies to use driving factors to address restraining factors
				• to ensure that adolescent girls' groups of government have members and leaders from PTGs (including those with disability) • to encourage adolescent girls and boys from PTGs to attend Gram Sabhas (village councils) and for elected leaders to listen to their voices
State		Lack of space to express opinion (Tools: body mapping and empowerment star)		SARDS/federations to encourage girls and boys from PTG community to join and make accountable all government community structures on gender and intersectional issues (including issues facing children with disability, semi-orphans, orphans)
	Pathway 4: Gender equality			
Family		Son preference. Domestic violence. Male alcohol abuse Suspicion and harassment Inability to buy undergarments Gender discrimination in access to food, etc. Norm that only women should do housework Financial decision making Ownership of resources (Tools: attitudinal mapping, violence mapping)	80% 90% 90% 60% 90% 68% 30% 10% 10%	SARDS in collaboration with DLSA to raise awareness on legislations pertaining to a) gender-based violence, b) economic rights of women/girls in family and outside; and facilitating legal services SARDS and federations to facilitate gender sensitization of couples on intra-household division of work, resources and decision making and the need for equality Federations and PRI leaders to give an award every International Women's Day to gender-sensitive couple, including when land is registered in joint/woman's name
Comunity	Women SHGs and federations	Child marriages Restricted mobility of girls Restriction on playing with boys Restriction on Inter-caste marriage Women attend Gram Sabha Elected women controlled by men and other community members Norm that women should not be seen in public spaces	85% 60% 80% 80% Nil 100% 50% 95%	SARDS and federations to work with: • religious leaders, traditional councils, local government, SHGs and CFAM adolescent leaders on gender, ethnic, and caste norms • women SHG members to attend Gram Sabha SARDS to build capacity of elected women leaders and gender-sensitize PRI leaders

Institution and tools	Driving factors % villages	Restraining factors participants	%	Strategies to use driving factors to address restraining factors
		Menstrual taboos prevent entry into temple (Tools: empowerment star, body mapping, attitudinal mapping)		
Market		Unequal wages	90%	Federations will monitor that local governments pay equal wages in all its construction works and will demand that Gram Sabha discusses that all employers coming to/in village must pay equal wages
		Abuse at work place	90%	SARDS with DLSA should raise awareness on legislation against sexual harassment at work place
State	Women take part in political meetings	Lack of hygienic material for menstrual hygiene	73%	Federation to lobby and monitor government supply of hygiene pads through SHGs to women from PTG community
Cross-cutting facilitating factors across pathways				

Village development centres and project-level federations established by SARDS

Local government with reservation for women and primitive tribal groups

Presence of District State legal service authority

Police department

From Table 4.2 it is possible to combine a few gender/intersectionality sensitive and responsive interventions that could contribute to gender intersectionality transformative strategies. These are described in Table 4.3.

TABLE 4.3: GENDER/INTERSECTIONALITY TRANSFORMATIVE STRATEGIES ACROSS PATHWAYS OF CHILDREN BELIEVE

Pathway	Gender/intersectionality transformative strategy
Pathway 1: Health and Education	Promote gender/intersectionality sensitive and responsive health and education among PTGs by ensuring that duty bearers address social determinants among PTGs, provide maternal, child, adolescent health services and de-addiction services that are appropriate to the culture of PTGs, and strengthening community monitoring of health, education, and ICDS services from a gender/intersectional lens.
Pathway 2: Child protection and rights	Promote child rights and protect children from a gender/intersectional transformative lens by raising legal literacy, strengthening inclusivity and the capacity of child protection committees, increasing the rates at which perpetrators are brought to book, and lobbying for gender/intersectional sensitive legislation where required.
Pathway 3: Child participation	Promote gender/intersectional transformative child participation by organizing all PTG children, building their leadership, and facilitating their representation and (sensitive/ responsive/ transformative) decision making in family, local government, and government/ NGO spaces for child participation.
Pathway 4: Gender equality	Promote gender/intersectional transformation among PTGs through sensitization, forming an exclusive federation of PTG SHGs, strengthening PTG women's and adolescent girls' leadership in accountability structures, promoting PTG women's livelihoods and value chains, and strengthening legal services for economic rights and gender-based violence.
Cross-cutting	Preparing a community-owned and monitoring scorecard cutting across all pathways in each PTG hamlet Special attention to women-headed households, children without parents/with one parent, women/children with disability, and children with migrant parents among PTGs

5. GENDER, INTERSECTIONALITY, AND SOCIAL INCLUSION IN RESEARCH

5.1 Objectives

This section presents tools/guidelines for weaving gender/ intersectionality sensitive, responsive, and transformative principles into research around the pathways of Children Believe.

5.2 Scope

1. Covers the following stages of research:
    - Problem identificatio
    - Research objectives
    - Theoretical framework
    - Research questions
    - Methodology
    - Coding

FIGURE 5.1 RESEARCH CYCLE

- Analysis/ ndings
- Dissemination

2. Introduces the gender@work framework for analyzing/presenting research findings (Gender at Work, 2022)
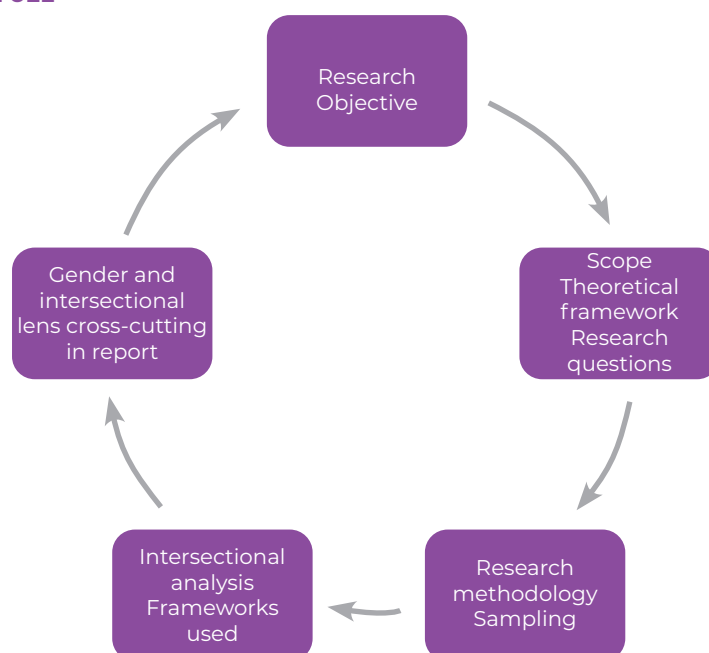
5.3 Audience

- Members of civil society, networks, and leaders of federations
- Around 20 participants in total

5.4 Steps

1. Ask participants for the steps in research; build on that and move to the steps in the research cycle given in Figure 5.1.

2. If the participants' inputs on steps in research go beyond the content of Figure 5.1, add some boxes. Explain that research is cyclical, because usually new topics for research emerge.

3. Share that it is possible to identity the following gender and intersectionality questions along the research cycle (Bauer et al., 2021; Grabe, 2020).

   a. **Questions pertaining to research objectives and theoretical framework**

   - Is the problem statement framed from a gender and intersectionality lens, and relevant to one or all the pathways of Children Believe?

   - Is the research objective framed to explore gender and intersectional aspects as relevant to the problem?

   - Does the theoretical framework include the concept of sequential multiple, additive multiple, and intersectional discrimination against women/girls of marginalized identities?

   - Do related concepts of power, justice, substantive equality, equity, fairness, difference, and disadvantage inform research?

   - Is the theoretical framework flexible to involve new theories on gender and intersectionality based on emerging findings

   - Overall, are the research questions geared to gender/intersectionality sensitive, responsive, and transformative solutions?

   b. **Questions pertaining to methodology**

   - Are mixed methods (qualitative and quantitative) adopted, with sampling being purposive[11] to address the gender/intersectional research question?

   - Do researchers acknowledge their own positions of power and their experiences of privilege and reflect on the way underlying methodological assumptions or theoretical perspectives may be shaped by their power and privileges?

   - Are diverse knowledges and experiences captured, including that of women/girls who experience intersectional/additive/sequential discrimination due to other identities?

   - Are ethical principles from gender/ intersectional lens pursued, such as informed consent, confidentialit , utility, do no harm,

absence of conflict of interest, referral to those who can help (counselling, for example) adopted?

   c. **Question for research analysis**

   - Are intersecting categories of analysis/coding systems adopted? For example, not just health of girls and SC children separately, but problems emerging of SC girls related to health.

   - Is multi-level analysis to problems adopted to causes at local, provincial, state, national, and global levels from a gender and intersectional lens?

   - Does the analysis examine how the context influences gender and intersecting identities (for example, school quality, poverty of community, etc.)?

   - Does the research analyze inequalities between dominant groups and oppressed groups related to the pathway in question, and reasons for the same?

   - Are the frameworks or modified gender work (Box 5.1) used for analysis of the research findings?

   d. **Questions on Report**

   - Do the objectives of the study, as mentioned in the report, include gender and intersectionality sensitive, responsive or/and transformative dimensions?

   - Are issues of gender, intersectionality, and social inclusion woven into all sections of the report?

   - Does the report capture any harmful practices and existing norms that reinforce existing gender and intersectional discrimination?

   - Does the report present best practices that challenge existing norms and practices from a gender and intersectional sensitive, responsive or/and transformative lens?

   - Are gender/intersectionality sensitive, responsive, or/and transformative recommendations included along the pathways of Children Believe at both the policy and strategy levels?

   - What strategies to adopt to reach the results of the report to marginalized communities and other intended audiences in different forms, and is there an associated budget to do this?

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11. Not randomly selected, but based on a purpose such as selecting the most marginalized or those who have faced intersectional discrimination.

Box 5.1: Gender at Work Framework

The framework consists of four quadrants. The top two quadrants are related to the individual (as opposed to systemic). On the right are changes noticeable in individual condition, position, and agency, e.g., increased resources, voice, freedom from violence, access to health and education. On the left is individual consciousness and capability – knowledge, skills, political consciousness, and commitment to change toward equality. The bottom two clusters are related to the systemic. The cluster on the right refers to formal rules as laid down in constitutions, laws, and policies. The cluster on the left is the set of informal discriminatory norms and deep structures, including those that maintain inequality in everyday practices.

FIGURE 5.1: GENDER AT WORK ANALYTICAL FRAMEWORK
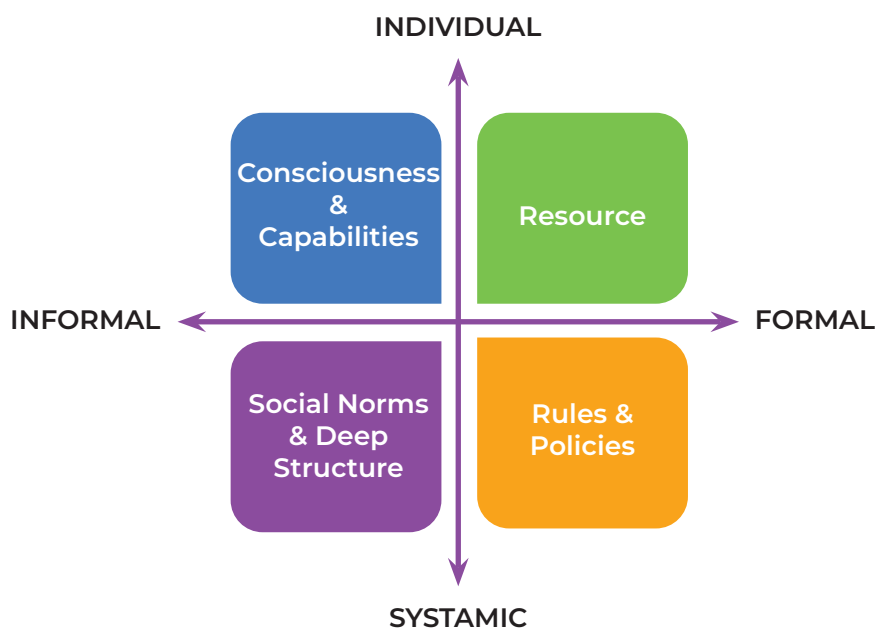
Source: Gender at work. Gender at work framework. 2022. https://genderatwork.org/analytical-framework/

Example

A study to understand the root causes of child marriage in State X, India noted that despite progress in economic growth, child development and education, child marriage persisted in the state.   Legislation, policies, and schemes to prohibit child marriage had little impact on the incidence of child marriage. The study classified the rural and urban districts of State X into high, moderate, and low child marriage districts, and in each of six categories (rural-high, for example) three districts were selected, making a total of 18 districts.

A purposive sample of 615 respondent was selected comprising adolescent girls (married) in the age

group 13-18 years, adolescent girls (not married) in the same age group, women in the age group 20-24 years married by the age of 18 and those in the same age group not married by age 18, girls below 18 years whose marriage was stopped, parents of girls married before the legal age, parents of girls married after the legal age, and men from the communities. Around half the respondents were from urban areas and 80 percent were women/adolescent girls. Thirty-nine percent of respondents were Dalits, 11 percent tribals, 24 percent were from the most backward classes (based on government classification) and 20 percent were from backward classes (based on government classification).

Most of the girls married before the age of 18 had completed Grades 9 or 10, while 23 percent of those who were married after the age of 18 had BA degrees. Thirty one percent of the adolescent girls married in the age group 13-18 had delivered while a child, while the figure was higher at 40 percent in the age group 20-24 who got married before the age of 18.

The reasons for child marriage that emerged through interviews and focus group discussion with respondents are analyzed in Table 5.1 using the gender@work framework.

TABLE 5.1: ANALYSIS OF CAUSES OF CHILD MARRIAGE IN STATE X USING THE GENDER@WORK FRAMEWORK

	Individual		
Informal	Children pulled out of school for care work at home Third-order girls vulnerable to child marriage. Blackmail by ex-lovers of the girl pushes parents to marry them before the age of 18	Dalit women work participation is high, so girls' safety is a concern Higher poverty of Dalits/tribals Government schemes for social protection do not reach the poor	Formal
	Dowry lower if girl is young Norms on early marriage among tribals Norms against premarital relations Norm of marrying a relative Pressure from religious institutions to marry girls early Violence high against Dalit/tribal girls and girls living with disability Culture of gender-based violence at home (linked to male alcoholism) and in public spaces	Law prohibiting child marriage needs strengthening Different departments working to prevent child protection Data from child help line and schools on child marriage differ Poor transport facilities in Dalit/tribal areas Schools at a distance (Dalit/tribal) and not functioning effectively Legislation on right to education does not extend to secondary education	
	Systemic		

The study found that Dalits, tribals and higher birth order girls are more vulnerable to child marriage than girls from other communities and first daughters. Gender and intersectional discrimination explain this. There were examples of greater drop out of Dalit girls for care work, which later led to child marriage (sequential multiple discrimination). The poverty levels of tribals at times pushes them to migrate and marry daughters young (additive multiple discrimination).

The social taboo against inter-caste marriage and potential conflict from a dominant caste leads to early marriage against their wishes for girls who are in a relationship with a person from another caste (intersectional discrimination).

The possible solutions to child marriage that emerge from research on child marriage through a gender and intersectional lens are described in Table 5.2 using

the gender@work framework. Recommendations in italics are gender/intersectionality sensitive and those in red are gender/intersectionality responsive.

Together, the recommendations can lead to gender/intersectionality transformation.

TABLE 5.2 RECOMMENDATIONS TO ADDRESS CHILD MARRIAGE IN STATE X USING THE GENDER@WORK FRAMEWORK

	Individual		
Informal	Create awareness about government child protection schemes *Document role models of young women who are working and looking after parents (married after age 18 or single)*	*Access to poverty reduction program for Dalits/tribals*	**Formal**
	Work with religious leaders to reform personal laws that allow child marriage *Give award to parents who have permitted their children to marry across castes after age 18* *Campaign against dowry, including a portal on dowry-free marriage at local government level* *Strengthen child protection committees and representation of Dalits, tribals, and minorities in it* *Campaign against male alcoholism*	*Include high-risk groups (with respect to child marriage) in committees to prohibit child marriage* All government interventions to end child marriage to be housed in one department Strengthen transport to schools in Dalit/tribal areas; provide security until then on isolated roads Functioning toilets for girls in schools Hostels for adolescent girls of migrant families Better implementation of child protection schemes *Make secondary education compulsory* Counselling for girl dropouts to re-join Put in place standard operating procedures for preventing child marriage After-school care services in Dalit/tribal areas where female labour force participation is high *Government to give incentive to child marriage-free local government*	
	Systemic		

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6. POLICY ANALYSIS AND ADVOCACY STRATEGY THROUGH A GENDER, INTERSECTIONALITY, AND SOCIAL INCLUSION LENS

6.1 Objectives

At the end of this section, the user of the toolkit will be familiar with tools to analyze and influence policies through a gender, intersectionality, and social inclusion lens.

6.2 Scope

Policy analysis and advocacy[12].

6.3 Tools for policy analysis

Objective: To introduce tools to review policies through gender, intersectionality, and social inclusion lens

Audience

- Policymakers and senior managers
- Around 20 participants of diverse identities

Scope

- Policy analysis from gender, intersectionality, and social inclusion lens
- All pathways of Children Believe

Time required: Two to three hours depending on the context and discussions

Steps

1. Introduce the objectives of the tool.

2. Choose a policy relevant to development or the rights of children or women/girls. The policy could be at the national or state level.

3. Analyze the objectives of the policy, measures outlined in the policy, institutional structures and budget allocated from a gender and intersectionality lens, and whether it promotes discrimination or gender/intersectionality sensitive, responsive, or transformative solutions, using the tool in Table 6.1.

4. Divide participants into three groups. Ask them to analyze the Prohibition of Child Marriage Act, 2006 (A2007-06.pdf (legislative.gov.in) through a gender and intersectional lens, with one group looking at objectives, one at measures, and one at structures and resources. Allow 20-30 minutes to complete the group discussion.

4. Ask the groups to present and facilitate a discussion. This may take another 30 minutes.

5. A possible answer is given in Annex 6.1.

6. Clarify that there is no single correct answer. Different groups may come up with slightly different answers. If the policy analysis reflects a gender and intersectionality lens it is all right.

6.4. Tools for advocacy

Objective

To introduce tools for policy and community level advocacy from gender/intersectionality sensitive, responsive, and transformative lens

Audience

- Leaders of networks
- Staff of NGOs

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11. Community-level advocacy is covered in Section 3 as part of force field analysis.

TABLE 6.1 POLICY ANALYSIS TOOL

Policy aspect	Enhances Discrimination	Addresses gender and other discrimination			Overall
		Sequential multiple discrimination	Additive multiple discrimination	Addresses Intersectional discrimination	
Objectives	Indirectly enhances discrimination against marginalized children/girls and women	Addresses sequential multiple discrimination against marginalized women and children	Addresses additive multiple discrimination against marginalized women and children	Addresses intersectional discrimination against marginalized women and children	Gender/ Intersectionality absent/sensitive/ responsive or transformative
Measures	Restricts/ removes measures to curb discrimination	Addresses sequential multiple discrimination	Addresses additive multiple discrimination	Addresses intersectional discrimination in its qualitative complexity, which varies with context	
Structures	Limits powers of existing structures to address discrimination	Representatives of relevant identities/sector in policy steering committee	Representatives of relevant identities/sector in policy steering committee	A separate structure to look at intersectional discrimination	
Resources	Reduces resources to track and address discrimination	Budget refers to allocation for addressing sequential discrimination	Budget refers to allocation for addressing additive multiple discrimination	Budget specifically addresses intersectional discrimination	

Source: Coll-Planas, G., and Sola-Morales, R. "T oolkit to Incorporate Intersectionality into Local Policies." Ajuntament de Terrassa, European Commission. 2019.

- Relevant donors
- Federation leaders
- Around 20 people of diverse identities

Scope
- All pathways of Children Believe
- Gender/intersectionality sensitive, responsive and transformative advocacy

Steps
1. Explain the objective of the tool.
2. Choose an existing/new policy relevant to pathways of Children Believe.
3. Draw on evidence from primary and secondary research (from a gender and intersectionality lens) on the problem that should be addressed by the policy.
4. Analyze what campaigns with rights holders/ gatekeepers from a gender and intersectional lens is required to put pressure from below and support the gender and intersectionality sensitive, responsive, or transformative policy.
5. Develop a change agenda at the policy level and at the level of grassroots campaigns.
6. Identify stakeholders relevant to the issue. This

includes government, UN agencies, donors, social movements, federations, and research institutions.

7. Classify the stakeholders using the degree of power they hold (high, medium and low influence) and the level of interest (champions, undecided, blocker) in the issue.

8. See Figure 6.1, for a mapping of stakeholders and their interest on the issue of child marriage in the Indian context, though it is not from a gender and intersectional lens.

9. Explain that for each blocker/undecided stakeholder, an action plan for policy advocacy/ community campaigns and design communication materials has to be evolved.

10. Point out the need to use high-influence champions to address high-influence blockers/ high-influence neutral stakeholders.

11. Share that the next step is to raise resources to carry out planned activities. These resources can be support for the dissemination of materials on gender, intersectional discrimination and social inclusion, travel to meet policy makers, communication through various channels, and holding meetings and other activities related to the advocacy objective.

12. Point out that a monitoring and evaluation strategy for the policy advocacy intervention is important. Determine what data will be collected, how it will be collected, and how it will be used to inform decisions on progress in formulating/ implementing policy and supportive interventions throughout the advocacy strategy.

13. See Table 6.2 for an example of advocacy around child marriage from a gender and intersectionality lens, using information in Figure 6.1.

14. The steps in policy and community advocacy from a gender/intersectionality sensitive and transformative lens are summarized in Figure 6.2

FIGURE 6.1

Level of influences		Blocker	Undecided/Neutral	Champions
High Influence		• Tradi-tional/ regional leaders • Parents • Leaders	• Department of Social Welfare and Women Empowerment • Department of Education • Officials implementing the law at the field level • Media personnel • Local government	• UNICEF • CB sponsors • State Commission oo Women • State child protection Committies
Medium Influence			• Community groups-VCPC • Adolescent girls group formed by government	• State level Federation • SC/ST state networks • State level women's groups • Girls not Brides • 1098 Helpline • CFAM group
Low Influence				• CSOs working across different districts

Stakeholders and their level of interest or support

Sources: Children Believe (2022); Hovland (2005).

TABLE 6.2: USING STAKEHOLDER AND POWER ANALYSIS FOR ADVOCACY

Action plan from gender and intersectionality lens	How it will use champions with high power	Resources required	Progress	Outcomes
Policy-level advocacy				
1. To evolve standard operating procedures to ensure convergence to prevent child marriage that does not penalize the child and considers different reasons underpinning child marriage in different communities and families	Network with UN Children's Fund (UNICEF), State Commission for protection of child rights, child rights networks, Dalit/tribal minorities networks, and research institutions working on child rights to evolve standard operating procedures to prevent child marriage			
2.				
3.				
4.				
5.				
Sub-district level advocacy				
1. To campaign at district/sub-district level on social determinants that lead to child marriage in Dalit/tribal and Muslims in X state	Strengthen capacity of existing local NGOs, federations (women, Dalit/tribal, CFAM) to lobby in district collectors' meetings, zilla parishad PRIs, traditional leaders and religious leaders to address social determinants of child marriage, in particular among Dalits, tribal migrants and Muslims where this practice is high			
2.				
3.				
4.				
5.				

FIGURE 6.2: STEPS IN POLICY AND COMMUNITY ADVOCACY

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Annex 6.1

Policy analysis tool applied to Prohibition of Child Marriage Act, 2006, Government of India

Note: Green is favourable, black is not favourable

Policy aspect	Enhances discrimination	Addresses gender and other discrimination		
		Sequential multiple discrimination	Additive multiple discrimination	Addresses Intersectional discrimination
Objectives		It is an Act to provide for the prohibition of solemnisation of child marriages and for matters connected therewith or incidental thereto.	It does not seek to address the additive multiple discrimination underpinning child marriage.	The Act does not seek to address gender intersectional discrimination that leads to child marriage.
Measures	Proposed nullification of the marriage can have mixed impact, when the girl child has a baby. The proposed maintenance of girls by the boy's parents until remarriage in instances where the child marriage is nullified indicates that marriage is the ultimate destiny of the girl.	Positive measures include: a) It nullifies the child marriage if a petition is filed by the child at the time of marriage or guardian to the district court. b) If nullified, money, valuables, ornaments, and other gifts received on the marriage from the other side has to be returned. c) Two years imprisonment for male adult marrying a child; and either two-year imprisonment or one lakh fine for those solemnizing child marriage; women cannot be imprisoned. d) An injunction can be evoked by the Judicial Magistrate to prevent a child marriage from occurring. e) The CMPO shall sensitize the community on the evils of child	Beyond sensitization, there is no reference to the need for Child Marriage Prohibition Officer (CMPO) to coordinate with other departments to address additive multiple discrimination which underpins child marriage like enhancing dowry with age of girls, remoteness and poverty of Dalit/tribal communities, and lack of safety for girls at home and outside. Further, some personal laws allow for marriage of girls at 15.	All child marriages where girls are bought or then trafficked are annulled automatically,[13] addressing one kind of intersectional discrimination. In a few communities, there is pressure from dominant castes to marry girls to a goddess (devadasi) for abuse by dominant castes. This leads to early marriage as well. This is equally true of daughters of sex workers who tend to be married early to prevent them from being trafficked. There are no measures in the legislation to address such intersectional discrimination.

13. As girls purchased are likely to be abused, when linked with traffickin this measure is considered gender and intersectionality transformative. Further, though not specified, girls f om Dalit/tribal communities are more vulnerable to being sold, given the higher poverty levels.

Policy aspect	Enhances discrimination	Addresses gender and other discrimination		
		Sequential multiple discrimination	Additive multiple discrimination	Addresses Intersectional discrimination
		marriage, shall act immediately to prevent child marriage that is about to happen and shall gather evidence for presentation in case of violation.		
Structures		Child Marriage Prohibition Officers to have jurisdiction over an area with the support of Gram Panchayat, Municipality or NGO. Anybody of the rank of judicial magistrate can pass injunctions. Mechanisms for convergence with Department of Education, Department of Women and Child, Social Justice and Minority Affairs are not present.		
Resources		No mention		

7. GENDER, INTERSECTIONALITY, AND SOCIAL INCLUSION IN MONITORING AND EVALUATION

7.1 Objectives

This section introduces tools for monitoring and evaluation (M & E) from a gender/ intersectionality lens. The specific objecti es are:

- To introduce participants to activity, output, outcome, and impact indicators

- To introduce participants to the concept of gender/socially sensitive, responsive and gender/ socially transformative monitoring and evaluation

- To help participants reflect on how gender and intersectionality could be integrated through the evaluation cycle

- To help participants understand how qualitative tools introduced in the context analysis (Section 3) can be adapted for monitoring and evaluation

- To develop skills in using the tool of gender@ work, power/empowerment, and social relations frameworks for evaluation from a gender sensitive, responsive, and transformative lens

7.2 Indicators from a gender and intersectionality lens

Objectives

- To understand activity, output, outcome, and impact indicators

- To identify gender/intersectionality absent, instrumental, sensitive, responsive, and transformative indicators

Audience

- Middle and senior level staff of organizations

- Senior leaders of federations

- Around 20 people of diverse identities

Time required: Two to three hours depending on the context and discussions2 hours

Materials required: e-quiz, computer and internet connection

Steps

1 Introduce the objectives of the session.

2. Point out that there are four different types of indicators: activities, output, outcome, and impact (INTRAC[14], 2017).

  - **Activities:** Actions taken or work performed through which inputs, such as funds, technical assistance, and other types of resources, are mobilized to produce specific outputs.

  - **Output:** The services, products, and capital that immediately result from a development activity.

  - **Outcome:** The likely or achieved short-term and medium-term eff ects of an intervention.

  - **Impact:** Positive and negative long-te rm effects produced by a development intervention, directly or indirectly, intended or unintended.

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14. As girls purchased are likely to be abused, when linked with traffickin   this measure is considered gender and intersectionality transformative. Further, though not specified, girls f om Dalit/tribal communities are more vulnerable to being sold, given the higher poverty levels.

3. Mention that activity, output, and short-term outcome indicators are routinely monitored, while long-term outcome indicators and impact indicators are evaluated.

4. Give an example of each type of indicator. You could draw on the examples in Figure 7.1.

5. Introduce the concept of gender/intersectionality absent, gender/intersectionality instrumental, gender/intersectionality sensitive, responsive and gender/intersectionality transformative indicators. You could make a slide using the points below.

   ▪ **Gender/intersectionality absent indicators:** These indicators do not disaggregate by gender or other marginalized identities, but track changes in general terms like increase in school enrolment or reduction in infant mortality rates.

   ▪ **Gender/intersectionality instrumental indicators:** These indicators are on the use of gender and other marginalized identities for development purposes that do not benefit them. An example is the pe centage of women sanitary workers (mainly Dalits) trained on deep cleaning of government school/community toilets.

   ▪ **Gender/intersectionality sensitive indicators:** These indicators track the "well-being" of women/girls and childr en from marginalized identities in terms of food, health, education, and rest, but are unlikely to address causes of gender and intersectionality equality.

   ▪ **Gender/intersectionality responsive indicators:** These indicators track not only the well-being of women/girls fr om marginalized identities but also address some but not all root causes of gender/ intersectional discrimination. An example is successful advocacy towards a legislation on non-discrimination based on gender and other marginalized identities.

   ▪ **Gender/intersectionality transformative indicators:** These indicators track how far several root causes of gender/ intersectional discrimination have been addressed and whether gender/intersectional transformation is taking place. An example is reduction in gaps in health, education, and protection outcomes between women/girls of marginalized communities and men/boys from dominant communities.

6. Divide the participants into four groups, paying attention to diversity.

FIGURE 7.1: EXAMPLES OF ACTIVITY, OUTPUT, OUTCOME, AND IMPACT INDICATORS

ACTIVITY — 80 percent of adolescent boys have been through training on gender/and intersectionality.

OUTPUT — 80 percent of adolescent boys who attended training are ble to understand how gender and intersectionality affect adolescent girls from marginalized identitites in the sphere of education, health, and protection.

OUTCOME — 60 percent of adolescent boys who attend training take action on gender and other discrimination at home, school or public spaces.

IMPACT — Dalit/minority girls' retention in high schools increased and child marriage and violence on adolescent girls reduced (in villages were 60 percent of adolescent boys taking action live).

7 Administer a quiz with e- options, one on kind of indicator (activity, output, outcome, impact) and the other on the level of attention to gender/ intersectionality (absent, instrumental, sensitive, responsive, and transformative) reflected in the indicator. Possible answers are given in Annex 7.1.

8. Punch the first g oup's answer into the computerized dashboard. When the correct answer is punched, it will signal green, and when the answer is incorrect, it will beep red. If the answer is not correct, ask another group to respond. Continue until the correct answer emerges.

9. Rotate which group answers first.

10. Continue Steps 6 to 8 until all the indicators in Box 7. 1 are covered.

Box 7.1: Indicators for Group

- # of health facilities built /restored

- % of under 5-year-old children whose weight-for-age is below -2 Standard Deviation (SD) of World Health Organization's (WHO) growth standard

- # of educational establishments with single-sex improved sanitation facilities

- # of meetings per month of Village Development Committees (VDCs), children's groups, people with disability groups, and livelihood groups, disaggregated by number of participants (girls, boys, disabled)

- # of parents (male and female) trained on positive parenting and discipline

- # of people who received insecticide-treated bed nets

- % of boys and girls who complete elementary education from different social categories (for example, Dalits, tribals, Muslims, disabled)

- # of children/youth organized in groups, clubs or associations (males and females)

- % of dropout boys and girls who were re-enrolled in school

- # of gender-progressive legislative policy measures enacted/rectified

- % of girls aged 17 or younger that have not gone through physical, sexual, or psychological violence

- # of NGOs that have links to institutions that provide protection for victims of violence against girl and boy children

- % of mothers who follow government norms on breast feeding

- # of women referred for employment or other business start-up opportunities using an existing scheme

- # of gender transformative actions taken at regional/ national or global levels that strengthen gender equality forums / movements

- # of boys, girls young women, and young men who gained increased and sustained access to inclusive and quality education/ vocational skills development

11. Facilitate a debate if the participants have differences of opinion on how the indicators should be classified.

Source: INTRAC. "Outputs, outcomes, and impact." 2017. Outputs-outcomes-and-impact.pdf (intrac.or g),

7.3 Adapting context analysis tools for monitoring and evaluation

Objective: To adapt tools used for context analysis (Section 3) for gender and intersectional sensitive, responsive, and transformative monitoring and evaluation

Audience

- Middle- an d senior-le vel staff of organizations
- Senior leaders of federations
- Around 20 people of diverse identities

Scope

- All four pathways of Children Believe
- Gender/intersectional sensitive, responsive, and transformative monitoring and evaluation

Steps

1. Explain the objective of the session.
2. Remind participants of the 14 gender and intersectionality tools used in context analysis in Section 3. Ask them how they would use them for monitoring and evaluation.

3. Building on their feedback, explain that we need to add questions to adapt the tools for monitoring and evaluation. These questions are given in Figure 7.2.
4. Draw their attention to Annex 7.2, which lists the 14 tools along with suggestions on what questions to ask for monitoring and evaluation and at which step.
5. Ask participants to break up into four groups and assign one tool per group.
6. Ask participants to demonstrate how the tools could be used for monitoring and evaluation from a gender and intersectionality lens.
7. Ask each group to give feedback to other groups, and then provide feedback on the appropriateness of the modification
8. Repeat Steps 5-7 until all the tools ar e covered.
9. Share examples of using gender and intersectionality tools for monitoring and evaluation, using Box 7.2.

7.4 Integration of gender and intersectionality into evaluation cycle

Objectives: To help the reader understand the evaluation cycle, and how to weave gender/intersectionality sensitive, responsive, and transformative approaches into evaluation

Audience

- Middle- an d senior-le vel staff of organizations
- Senior leaders of federations
- Around 20 people of diverse identities

FIGURE 7.2: QUESTIONS TO BE ADDED WHEN USING CONTEXT ANALYSIS TOOLS FOR MONITORING AND EVALUATION

Change
- Has the context changed in the life span of the interventions?
- For whom has it changed/not changed?

Why?
- If yes, why?
- Due to interventions or other reasons? What other reasons?
- If no change, why?
- If change varies with identity, why?

What More ?
- What more needs to be done to achieve planned outcomes on the pathways from a gender/ intersectional sensitive, responsive and transformative lens?
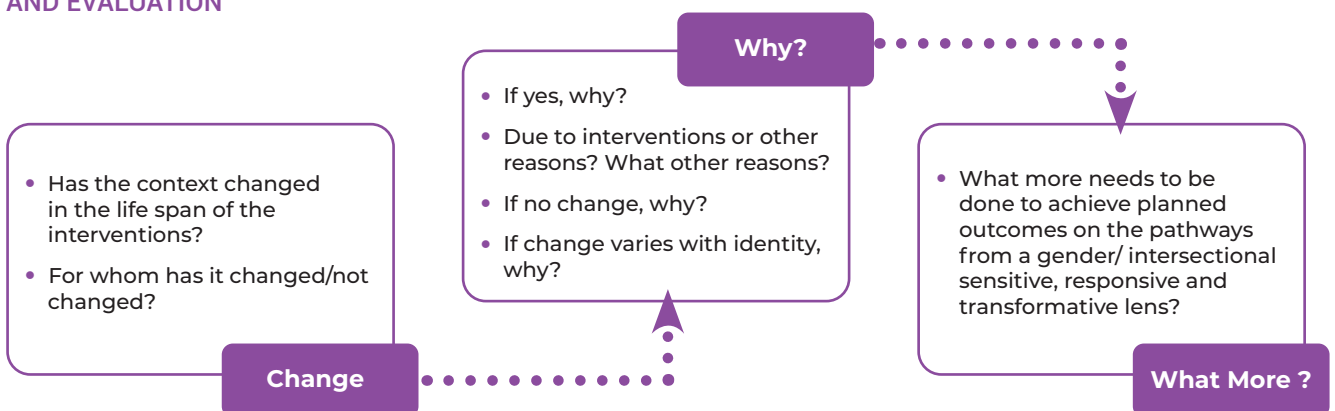
Box 7.2-: Using gender and intersectionality tools for evaluation: Some examples

Stand on status line was used for evaluation of health interventions, by asking participants in evaluation in Tiruvallur district, Tamil Nadu, India to state where they were on achieving the objectives of children's health on a scale of 1 to 10 now and the level of achievement before the intervention started. The reasons for ranking of the present situation and the reasons for change were also ascertained. Participants reported that the nutrition of children under-five and pregnant and lactating mothers from Dalit/tribal communities had improved through Children Believe's partner interventions. Earlier, mothers' committees were not operational, but now they worked. These improvements were largely due to the interventions of the partner, but some were also due to the government's independent initiatives. Ultra-poor women (including single women, women with disability) were given livelihood support, which reduced their health vulnerability and that of their children. However, health services were located further away from Dalit/tribal villages than in villages where the majority were from dominant castes. Occupational therapy was difficult to access for people/ children living with disability. Access to health insurance was limited.   Overall, they reported that maternal and child health had improved from 4 to 7, tribals from 3 to 5, and dominant castes from 6 to 8.

Body mapping exercise was facilitated with adolescent girls and young women during an evaluation of a sports-based empowerment program by Naz Foundation in Mumbai, Delhi, and Chennai, India. They were asked to reflect on their control over different parts now and at the time when then program started, and state reasons for the change. It emerged that the girls'/young women's mobility, financial literacy, confidence, menstrual hygiene management practices, ability to stand against violence, and gender/caste attitudes had improved from 1 to 2 on a scale of 1-3. Adolescent girls expressed that this was largely due to the sports-based Goal program of Naz Foundation, with other factors like pro-women television serials and independent school programs also contributing. Girls and young women from very poor locations and families were more constrained in application than those in slightly better-off locations. Those who had been in the program for several years experienced greater change. Attitudes on working when children were young were traditional, while on gender equality regarding education, health, and combatting violence they were favourable.   The evaluation called for an ecosystem approach, working with boys, parents, bus conductors/ drivers, elected officials, and other stakeholders in a long-term approach (Murthy and Gupta, 2016).
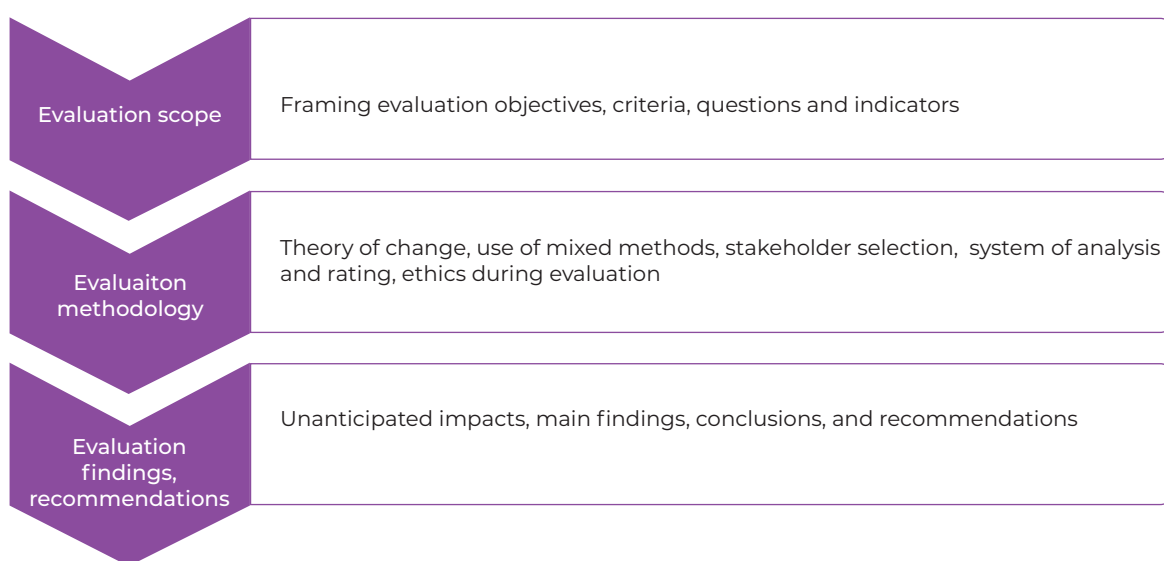
Scope

- All four pathways of Children Believe
- Gender/intersectional sensitive, responsive, and transformative evaluation

Time required: Two to three hours depending on the context and discussionshours

Steps

1. Explain the objective of the session.
2. Ask participants to share their understanding of the evaluation cycle.
3. Use Figure 7. 3 to add any missing elements.
4. Explain that gender/intersectionality and evaluation could interact in different ways, as discussed in Box 7.3.
5. Introduce three frameworks that are used to analyze findings f om evaluations through a

FIGURE 7.3. EVALUATION SCOPE, METHODOLOGY AND REPORT

Evaluation scope	Framing evaluation objectives, criteria, questions and indicators
Evaluaiton methodology	Theory of change, use of mixed methods, stakeholder selection, system of analysis and rating, ethics during evaluation
Evaluation findings, recommendations	Unanticipated impacts, main findings, conclusions, and recommendations

Source: Adapted from United Nations Evaluation Group, 2022.

Box 7.3: Gender and intersectionality in evaluation

- *Gender/intersectionality absent evaluation:* This kind of evaluation does not include objectives that are disaggregated by gender or other marginalized identities. An example is evaluation of agriculture growth or improvement of ground water levels through an agriculture project. Further, the evaluation function is done by an external agency without expertise on gender and intersectional issues. Only quantitative data is gathered, with meetings with heads of household and dominant groups. Findings are not taken back to the community, let alone marginalized groups.

- *Gender/intersectionality instrumental evaluation:* This kind of evaluation does include gender and intersectional objectives, but they are to do with

using marginalized women for purposes other than their direct well-being and empowerment. An example is evaluation of training for mothers on children's health and nutrition. Again, the evaluation is done by an external agency without expertise on gender and intersectional issues. Quantitative and qualitative intersectional data may be gathered, but not responsive or transformative or ones like the capacity of migrant parents to have money or time to make nutritious food or the attitude to distribute food equally to girls and boys. Findings are typically not taken back to the community, let alone marginalized groups.

- *Gender/intersectionality sensitive evaluation:* This kind of evaluation seeks to track the well-being of women/girls and children from marginalized identities in terms of food, health, education, and rest, but is unlikely to examine issues of protection (sexual abuse, child labour, child marriage, domestic violence) and higher levels of participation (influence and voice). The evaluation may be done by an external agency (with a welfare approach) or internally. Quantitative and qualitative data may be gathered, but not using gender and intersectionality tools. Findings are typically not taken back to the community, let alone marginalized groups.

- *Gender/intersectionality responsive evaluation:* This kind of evaluation seeks to track not only the well-being of women/girls and children from marginalized identities but also some elements of transformation in power relations, social norms, and structures. The evaluation is normally managed by the implementing NGO and in some instances by federations, though they may hire a rights-based external agency. The evaluation findings are taken back to the organizations of marginalized groups through reports, podcasts, videos or skits. Quantitative and qualitative data is gathered using gender and intersectionality responsive and tools

- *Gender/intersectionality transformative evaluation*: This kind of evaluation seeks to track not only the well-being of women/girls and children from marginalized identities but also several elements of transformation of power relations, social norms and structures, and contribution to change. The rest is similar to gender/intersectionality responsive evaluation.

Source: Murthy (2015).

gender and intersectional lens, but that could also shape the evaluation questions.

a. Gender@work framework: The framework, discussed in Section 5, consists of four quadrants. Two quadrants relate to the individual level and two to the systemic level. At the individual level, one quadrant deals with changes in condition, position, and agency (e.g., increased resources, voice, freedom from violence, access to health and education) and the other quadrant deals with individual consciousness and capability (knowledge, skills, political consciousness, and commitment to change towards equality). At the systemic level, one cluster refers to formal rules as laid down in constitutions, laws, and policies, whereas the second cluster is the set of informal discriminatory norms and deep structures, including those that maintain inequality in everyday practices (Gender@work, 2022).

b. Power and empowerment: Rowlands (1995) distinguishes between negative power that others exercise over you, referred to as "power over", and positive strands of power that include power to, power with, and power within. "Power to" refers to an individual's control over their life, and considers aspects such as mobility, work, decision-making, resources, political participation, and bodily integrity. "Power with" refers to collective power of the oppressed over resources, community decision-making, mark ets, and state apparatus. "Power within" refers to shifts in patriarchal and hierarchical attitudes.

c. Social relations framework: The framework argues that social relations are structural relationships that create and reproduce systemic differences in the positioning of groups of people be it based on gender, race, caste, ethnicity, etc. Further, the framework argues that these hierarchical relations are shaped by institutions that act together, such as household, community, market, and state (Kabeer, 1994).

6. Divide the participants into groups of 5-6.

7. Assign one of the three frameworks to each group: gender@work, power and empowerment, and social relations.

8. Participants read the case study evaluating a maternal-child health pr oject (Annex 7.3).

9. Participants discuss how far gender and intersectionality is woven into:

   a. evaluation objective

   b. evaluation criteria

   c. stakeholders who were met

   d. evaluation methodology/methods

   e. analysis of findings

   f. recommendations

Give 45 minutes for group discussion, and 30 minutes for presentation

10. Suggested answers are given in Annex 7.4.

11. If there are differences in analysis, facilitate a discussion.

12. Ask participants for their recommendations to weave gender/ intersectionality transformative elements into this evaluation.

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Annex 7.1

Answers to exercise on gender intersectionality in indicators

Nature of indicator	Gender/intersectionality in indicators				
	Absent	Instrumental	Sensitive	Responsive	Transformative
Activity			# of women referred for employment or other business start-up opportunities using an existing scheme # of meetings per month of VDCs, children's groups, people with disability groups, and livelihood groups, disaggregated by number of participants (girls, boys, disabled)		# of NGOs that have links to institutions that provide protection for victims of violence against girl and boy children
Outputs	# of health facilities built/ restored # of people who received insecticide-treated bed nets		# of educational establishments with single-sex improved sanitation facilities # of children/ youth organized in groups, clubs or associations (males and females)	# of parents (male and female) trained on positive parenting and discipline	# of gender transformative actions taken at national/regional/ or global levels that strengthen gender equality forums / movements
Outcome		% of mothers who follow government norms on breast feeding	# of boys, girls and young women & men who gained increased and sustained access to inclusive and quality education/ vocational skills development	# of gender-progressive legislative policy measures enacted/rectified[15]	
Impact	% of children under 5 whose weight for age is below -2 SD of WHO growth standard		% of boys and girls completed elementary/ high school from different social categories (Dalits, tribals, Muslims, disabled, etc.)	% of dropout boys and girls who were re-enrolled in school [16]	% of girls aged 17 or younger that have not gone through physical, sexual, or psychological violence

15. For example, the Supreme Court judgement that unwed mothers have rights to guardianship of the child

16. Transformative because dropout children may be pushed into hazardous labour or early marriage.

Annex 7.2

Adapting gender and intersectionality tools for monitoring and evaluation

Tool	Additional questions to be asked when used for monitoring and evaluation	When to ask additional questions (Section 3)
Gender-integrated Intersectionality tools		
Happiness mapping	1. Ask about the participants' level of happiness (across gender, caste, class, ethnicity, disability, minority status) in the year when the intervention commenced. 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 5
Fox and crane story	1. To what extent did they felt like a crane (across gender, caste, class, ethnicity, disability, minority status, etc.) when interventions started? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 6
Caste- based discrimination mapping	1. What was the level of caste-based discrimination in the year when the interventions started? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 9
Stand on status line	1. What was your status (on the status line) in the year when the interventions commenced? Explore for participants of different identities. 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After present status of a person of each identity is explored on a scale of 1-10
Progress, constraints, and ways forward	1. What are the reasons for progress and challenges (and for whom), what is due to the project, what is due to other factors and what is due to a combination of both?	After Step 9
Social mapping	1. What was the social map and access of participants of different identities to roads, schools, health facility, ration shops, community halls, water tanks, water points, ICDS centres, community toilets, local government office, places of worship, play area, houses at the year when the interventions started? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 10
Intersectional problem analysis	1. What were the general/identity specific problems in the year when the interventions started? How many faced them and how important was each problem at that time? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 9

Tool	Additional questions to be asked when used for monitoring and evaluation	When to ask additional questions (Section 3)
Intersectionality-integrated gender tools		
24-hour clock	1. Discuss the 24-hour clock, division of work and work load for women/girls and men/body of different identities in the year when the interventions started. What were the implications for child health, education, protection, participation, and gender equality at that time? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Steps 5 and 10
Gender and diversity-based access, ownership, and control over resources	1. What was the access, ownership and control of women/girls and men/boys of different identities at the year when the interventions started? What were the implications for child health, education, protection, participation, and gender equality at that time? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 8 or Step 13
Gender -based decision making	1. What was the level of decision making of women/girls and men/boys of different identities in household and different government committees when the intervention started? What were the implications for child health, education, protection, participation, and gender equality at that time? 2. What are the reasons for improvement or deterioration if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 8 and after Step 16
Violence mapping	1. What was the level of different forms of violence against women and girls/women and girls of different identities when the intervention started? What were the implications for child health, education, protection, participation, and gender equality at that time? 3. What are the reasons for improvement or increase in violence against women (of different marginalized identities), if any? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Steps 9 and 15
Body mapping	1. What was women's/girls' control over body at the time when the intervention started, and of women of different marginalized identities? What were the implications for child health, education, protection, participation, and gender equality at that time? 2. What are the reasons for improvement or deterioration, if any, in control over body of women/girls of different identities? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Steps 6 and 12
Empowerment star	1. What was women's/girls political, economic, social (health, education) empowerment, and bodily integrity when the intervention started? What were the implications for child health, education, protection, participation, and gender equality at that time? 2. What are the reasons for improvement or deterioration, if any, in the level of empowerment of women/girls of different identities? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Steps 4 and 7
Attitudinal mapping	1. 1 What was your response (agree/disagree) to the attitudinal statements at the time when the intervention began? 2. What are the reasons for progress/deterioration in attitudes? Which of the reasons is due to the interventions, which are due to other factors, and which are due to a combination?	After Step 7

Annex 7.3

Gender-focused evaluation of a Maternal and Neo-natal and Child Health Project Case Study

Context

District X of India was characterized by above-national levels of infant and child mortality rates, higher female child mortality rate than male child mortality rate, high rates of spousal violence against women, and sex ratio at birth in favour of boys. Early girl child marriage and adolescent pregnancy was high and modern contraceptive prevalence low (mainly adopted by women). Only half the women took part in household decision-making. Sixty per cent of households are joint households and the rest are nuclear.

Goal and objectives of the project

The long-term goal of the project is to reduce maternal and child morbidity and mortality in X district through increasing access to maternal and child health (MCH) services. The project objectives are to improve the supply and strengthen the delivery of MCH services at the village level and increase demand for maternal and child health care by educating communities and engaging men and mothers-in-law to reduce social barriers in accessing health care.

Gender outcomes

1. Intermediate outcome: Increased shared decision making at the household level about maternal, new-born, and child health (MNCH) practices

2. Immediate outcome: Increased capacity of NGO, local government, and government health institutions to design and deliver effective, coordinated, and gender-sensitive and responsive programs and services related to MNCH

3. Immediate outcome: Increased acceptance of shared decision making at the household level about MNCH among men and women

4. Immediate outcome: Increased perceived ability of men and women to make shared decisions about MNCH

Interventions

Training NGO staff, Accredited Social Health Activist (ASHA) workers and health decision-makers at state and district level, and working with pregnant and lactating women, husbands, and mothers-in-law on joint decision-making and effective MNCH practices (including decision-making, rest, diet of pregnant/lactating women)

Objective of the evaluation

To assess how far goals and gender outcomes of the project were achieved, and arrive at recommendations

Method

- Mixed methods, qualitative analysis, use of baseline endline data done by others
- Participatory methods included decision-making mapping, mobility mapping, division of labour and resources mapping, choosing the spot, fear mapping, and happiness mapping.

Use of photos for decision-making matrix

On the columns of a matrix, photographs were placed of a woman (daughter-in-law), husband, mother-in-law, father-in-law, parents, joint decision-making by husband and wife and one blank photo. The woman was shown photographs of each area or theme of decision-making (e.g., ante natal care, place of delivery) and asked to place each photo under the photograph of women, husband, etc. based on who took the decision.

Sampling

30 for each method, covering tribals, Muslims and Dalits from different pockets of the district

Stakeholders met

Pregnant and lactating women, husbands, mothers-in-law, members of village health, sanitation and nutrition committee, health and Integrated Child Development Scheme (ICDS) officials, traditional midwives, and registered medical practitioners.

Findings

Relevance

The planned interventions promoting acceptance, ability, and joint decision-making at household le vel on MNCH is relevant, as well as strengthening gender-sensitive and responsive government programs and services related to MNCH without which the project goals cannot be achieved. Attention could have been given to decision-making on post-natal car e (PNC) when delivery happens in the maternal home (in a few communities), adolescent pregnancy and maternal health of single women. In some tribal communities, women drink local alcohol during pregnancy which could affect their health and pregnancy outcomes. Maternal health of those working in mines is another area for consideration.

Efficiency

Most planned gender-r elated activities were carried out, despite the project area scoring low on human development indicators.

Effectiveness

Quantitative and qualitative data indicates that there is an increase in acceptance of shared couple decision-making on the part of pregnant/lactating mothers and husbands (and to a lesser extent by mothers-in-law) on MNCH. Ther e is also an improvement in the decision-making ability of men and women due to Information Education and Communication (IEC) strategies (visual books, camps for mothers-in-law , husbands, and daughters-in-law) adopted b y the project.

There is greater independent/couple decision-making on maternal and child health issues like breast feeding, rest, immunization, and food during pregnancy but not necessarily on issues like whom to marry, contraception, and place of delivery. Single/Joint (couple) decision-making is higher when the household is nuclear, when it is her second delivery, when she occupies a public position, when she has access to her own income, and has access to her education.

There has been a shift from going to faith healers and untrained midwives towards seeking skilled health providers to access ANC services, iron and folic acid, institutional delivery, and diphtheria immunization.

Impact

According to quantitative data and all stakeholders met, institutional deliveries have increased and maternal, neonatal, and infant deaths have declined, though not eliminated. Data showed no gender gaps in malnutrition. ASHA workers, due to training given under the program, are delivering gender-sensitive IEC, programs, and service related to MNCH to 50 percent of pregnant women, which is a vast improvement over earlier. ASHA workers are accompanying 50 percent of women for institutional delivery. Remote locations and the absence of tribal women with formal education (to become ASHA workers themselves) is a constraint in some areas.

The impact of IEC and gender training was constrained by weak health infrastructure. There are institutional constraints like inadequate comprehensive emergency obstetric care (CEmOC), inadequate number of paediatricians and women doctors/gynaecologists, lack of maternity homes attached to Primary Health Centres (PHCs), lack of nutrition support for lactating mothers who are acutely malnourished, inadequate trained personnel to do manual vacuum aspiration, and weak transport facilities in hilly areas.

Unanticipated impact

Doctors reported that around 10 percent of children come with fathers to PHCs and an equal proportion of girls and boys come for treatment to malnutrition treatment centres. While it is mainly mothers-in-law and mothers within the family who accompany women for delivery, husbands have started coming too. However, women are still afraid of government doctors (in particular, male doctors) more than Registered Medical Practitioners, dais (traditional midwives), ASHAs, Auxiliary Nurse midwives (ANMs) and Anganwadi Workers (AWWs), though the extent of fear has come down. At times, they go to quacks for emergencies.

Recommendations

It is suggested that the gender-r elated outcomes for the next phase may be expanded to the following fi e:

1. Outcome 1: Focus on addressing gender equality in access to food and nutrition, safe occupational health during maternity, preventing direct/indirect substance use during pregnancy and lactation, reducing early marriage, and addressing malnutrition among lactating women in addition

to children. The emphasis on joint decision-making may continue.

2. Outcome 2: Good-quality gender and MNCH training is institutionalized within government training institutes for health and nutrition workers in the district and state. Likewise, IEC on gender and MNCH may be institutionalized.

3. Outcome 3: Improvement in MNCH infrastructure and government services that are sensitive to gender and MNCH issues, and consequent reduction in dependence on quacks and registered medical practitioners

4. Outcome 4: Gender mainstreaming in internal functioning and systems of the NGO

5. Outcome 5: The gender strategies adopted in the first six ears of the NGO project to be replicated in a few backward blocks of another backward district in the same state

Annex 7.4

Analysis using gender transformative frameworks

1. Gender@work framework

The gender@work framework has been discussed in Section 5 on Research. Using this framework, the analysis of the case study on MNCH (7.1) can be plotted as follows:

TABLE A7.1 ANALYSIS OF CASE STUDY USING GENDER@WORK FRAMEWORK

	Individual	
Informal	Attitudes changing on the part of men who attended program, but yet to become the norm Women more informed through IEC; more confident of decision making; coverage around 30% percent Only slight change in attitudes of mothers-in-law Overall gender and intersectionality sensitive/ responsive – women and men participants Gender and intersectionality absent – mothers-in-law	Improvement in MCH but not legal abortion, men's contraception, or sex ratio at birth which are linked to MNCH Improvement in decision-making in nuclear family, earning women, women with formal education, and older women A few men have started accompanying their wives to health facilities Economic vulnerability of tribal pregnant and lactating women not addressed Overall gender and intersectionality sensitive/responsive
	Son preference in some communities Fear on the part of tribals of male health providers Influence of faith healers in tribal belt Domination by mother-in-law when daughter-in-law is young Gender and intersectionality instrumental (Norms are yet to change)	Replication of "mother-in-law, husband, daughter-in-law meets on MCH" by government to reach targets for institutional delivery ASHA workers capacity on MNCH strengthened, but high turnover of ASHA workers is a constraint. Government/NGO did not consider that in some communities the norm is that women go to their maternal home for delivery. CEmOC services and maternity homes remain weak. Maternity benefits not well implemented Gender and intersectionality instrumental-sensitive (Absent: weak CEmOC, instrumental/sensitive)
	Individual	

(Side labels: Informal on both left and right sides)

At best, the project impact is gender and intersectionality sensitive/responsive, not transformative.

2. Power and empowerment framework

If one analyzes the case study through a power and empowerment lens, the picture in Figure A7.1 emerges.
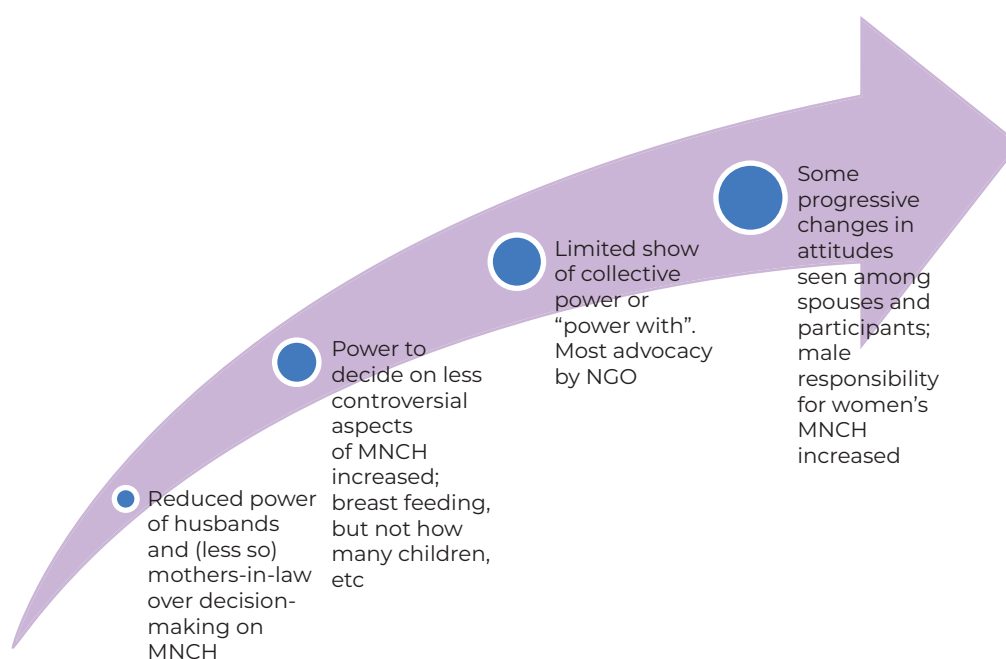
Overall, the case study suggests less power of others "over" participant women (but not elimination of power of others like husbands, mothers-in-law , male doctors and faith healers), and some enhancement of "power to" but not strengthening of "power with" or "power within". On the whole, the impact is gender and intersectionality sensitive and responsive, but not transformative.

3. Social relations framework

If one uses the social relations framework, the project is gender and intersectionality absent/ sensitive.

FIGURE A7.1: ANALYSIS OF CASE STUDY USING POWER AND EMPOWERMENT LENS

Reduced power of husbands and (less so) mothers-in-law over decision-making on MNCH

Power to decide on less controversial aspects of MNCH increased; breast feeding, but not how many children, etc

Limited show of collective power or "power with". Most advocacy by NGO

Some progressive changes in attitudes seen among spouses and participants; male responsibility for women's MNCH increased

Family: Domination of husbands in MNCH slight decrease, better diet

Less decrease in mother-in-law domination

Work load of women high

No change in non-participants

Verdict: Gender and intersectional sensitive/ responsive

Community

Gains not the norm

Belief in faith Healers persists

Son preference in some community

Verdict: Gender and intersectionality absent

Market

Tribal women in poverty have to work until they deliver- wage rates low

Verdict: Gender and intersectionality absent

State

Adopted "saas bahu pati samelan"

Weak CEmOC and maternity centres

ASHAs on contract; high turnover

Verdict: Gender and intersectionality absent/sensitive

Based on the three frameworks, recommendations would include the following:

Recommendations to the government

Gender and intersectionality sensitive

- Strengthen CEmOC in PHCs in tribal areas
- Institutionalize maternity homes in remote tribal areas
- Strengthen implementation of social security schemes for pregnant and lactating women
- Strengthen government de-addiction services

Gender and intersectionality responsive

- Strengthen services for male contraception
- Form parent committees instead of mothers' committee, and promote men's participation in these committees
- Make ASHA cadre permanent and strengthen female education among tribals

Recommendations to NGOs

Gender and intersectionality sensitive

- Work with women and men in the tribal community on heathy habits, and link to de-addiction services
- Strengthen women's collectives to press for accountability of Village Health Sanitation and Nutrition Committees (VHSNCs)

Gender and intersectionality transformative

- Work with tribal councils on gender and age hierarchies and attitudes on health through the life cycle
- Identify strategies to combat son preference
- Tailor strategies to joint families, single mothers, young women, and women who go to natal villages for delivery

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