



What is EngenderHealth's Gender and Youth Marker?

EngenderHealth's Gender and Youth (GY) Marker is an internal accountability and monitoring tool. This tool helps project teams self-assess the degree of gender and youth integration¹ within their programs based on five critical criteria: analysis, activities, participation, negative effects, and monitoring and evaluation (M&E). The self-assessment helps teams track, improve, and support transformative approaches for gender and youth programming.

EngenderHealth's GY Marker is adapted from two global gender markers—CARE International's Gender Marker and the European Commission's Gender and Age Marker. EngenderHealth has incorporated an additional category of "youth" into the GY Marker to help projects self-assess the extent to which youth programming has been integrated.

The GY Marker can be used to grade programs based on a Gender Integration Continuum and Youth Integration Continuum,² resulting in a rating on scale of 0-5. A score of "0" denotes programming that is "gender and youth harmful." A score of "5" denotes programming that is "gender and youth transformative." The addition of a youth component will help projects and organizations critically reflect upon their youth-focused programming and grade projects. The GY Marker should be used with other monitoring, evaluation, and accountability systems, which measure the impact of projects on the lives of women, girls, young people, and marginalized groups.

How was EngenderHealth's GY Marker developed?

EngenderHealth focuses on the sexual and reproductive health and rights of young people with a gender-transformative change lens. Existing global gender markers did not provide a youth-specific grading tool to understand the degree to which youth components and meaningful youth participation were integrated into programs and therefore did not align with EngenderHealth's combined focus on gender and youth. To address this gap, EngenderHealth adapted CARE International's Gender Marker and the European Commission's Gender and Age Marker to develop the GY Marker. EngenderHealth developed the Youth Integration Continuum to align with the Gender Integration Continuum. Reflecting the stages of the Gender Integration Continuum, the five stages of the Youth Integration Continuum are: youth harmful, youth neutral, youth sensitive, youth responsive, and youth transformative. The first draft of EngenderHealth's GY Marker was adapted and modified in August 2018.

EngenderHealth formed an internal GY Marker Committee in November 2018, which included specialists on gender, youth, social inclusion, and M&E systems.³ The adapted and modified GY Marker was pre-tested in December 2018 with two projects in Asia and East Africa respectively. The tool was further modified in January 2019 based on the findings and feedback from the pre-test. A final round of modifications was made in March 2019 to include further classifications for the Youth Integration Continuum. The committee finalized the tool for global rollout to all EngenderHealth projects in April 2019.

¹ Youth integration refers to the integration of all young people (inclusive of adolescents and youth) ages 10-24. For ease of reference, the tool will be referenced to as the youth marker but is inclusive of and calls attention to the integration of adolescents and youth.

² EngenderHealth designed the Youth Integration Continuum to align with the Gender Integration Continuum.

³ Renu Golwalkar, Kate O'Connell, Eric Yegon, Kaushik S, and Alioune Diagne were members of the initial GY Marker Committee and finalized the tool used for pre-test. Ana Aguilera joined the committee in March.

What are the objectives of EngenderHealth's GY Marker?

EngenderHealth's GY Marker can be used to assess the degree of gender and youth integration into programming. The tool is a part of the initial design-stage assessment, ongoing monitoring assessment, reflection and course correction, and end line evaluation. The specific objectives are as follows.

Accountability:

EngenderHealth's GY Marker is an internal accountability tool for teams to ensure that EngenderHealth is integrating a gender and youth lens at all stages of the project management cycle. There are detailed guidelines for reference to different sections of the marker. Teams must ensure that projects comply with these standards to ensure a gender and youth lens is integrated fully and consistently across programs.

All EngenderHealth projects across all countries/regions will use this tool on a quarterly basis following EngenderHealth programmatic cycles (July-September; October-December; January-March; April-June). Projects will ideally use the tool during the last two weeks of each quarter and share results with EngenderHealth's global Gender, Youth, and Social Inclusion (GYSI) team and M&E team within three weeks from the close of the quarter. The GYSI team will compile results from the GY Marker with support from the M&E team and share the results widely across the organization for internal reflection and improvement.

Learning and Reflection:

EngenderHealth's GY Marker is designed to support teams with reflection and discussion. The tool encourages open-ended reflection and discussion on all five criteria (analysis, activities, participation, negative effects, and M&E) to understand the degree to which a gender and youth lens has been integrated into programming. The purpose of tool is not only to assess projects using the Gender Integration Continuum and Youth Integration Continuum, but also to initiate internal discussion and reflection about the degree of gender and youth integration and how projects can move forward along the continuum. The tool also provides space for course corrective planning and specific activities.

Who should use EngenderHealth's GY Marker?

Program designers, implementers, M&E teams, and documentation teams should use the GY Marker. This is an internal monitoring tool, which helps all of these teams to continuously reflect on and assess the degree of gender and youth integration within projects and ensure effective integration of a gender and youth lens.

How can EngenderHealth's GY Marker be used?

The GY Marker can be used at the following stages.

Project design:

Applying the marker during the design stage will help project design teams to integrate a strong gender and youth lens at the time of design and create strong foundations for projects, which are designed to be transformative. The grade given by the GY Marker during the design stage will remain constant for a project across all quarters.

Project implementation:

During the implementation phase, project teams will be able to critically reflect on whether they have effectively and meaningfully integrated gender and youth in analysis, activities, participation, and M&E, and

whether the project is leading to unintended harm. The administration of the tool at the implementation stage also helps teams to course correct, taking timely actions and corrective measures (mitigation strategies) to address unintended harm. The grade given by the GY Marker during the implementation stage may vary quarterly depending on gender- and youth-specific work accomplished by the project in each subsequent quarter.

Final evaluation:

Use of the tool during the close of a project offers an opportunity to assess the final impact of the project on the lives of women, girls, young people, and marginalized groups from a gender and youth lens. This will help the project documentation team to report comparisons of the project's GY Marker grades from the time of project initiation until the time of project closeout.

What are the limitations of EngenderHealth's GY Marker?

EngenderHealth's GY Marker has the following limitations:

1. Since project teams self-administer the tool, the grades assigned may be slightly inflated as compared to an independent assessment.
2. EngenderHealth has pre-tested the tool with two projects and thus the final version may not be fully representative of the complexities and diverse nature of projects. Therefore, the tool may need to be revised after one year of full rollout to adjust for any discrepancies.
3. Grading of gender and youth-focused programming requires some understanding of gender and youth programming. Thus, the grading conducted by individual teams may differ based on their individual understanding of the grades assigned. It is therefore important to ensure that teams receive a basic orientation on gender and youth programming. This is not a necessary pre-condition, but will add value to the self-assessment and thus must be completed simultaneously.

How does one apply EngenderHealth's GY Marker?

Step 1: Fill in information at start of vetting form

Country name: Name of the country where the project is being implemented.

Project title: Title of the project as on approved project proposal/documentation.

Reviewer: The reviewer should be the Gender/Youth (GY) focal point or the Project Director in the absence of GY focal point. The reviewer should facilitate the GY Marker discussion with the project team. Please note that using the marker for self-assessment is a team effort; the marker is not meant to be used alone. Ideally, the GY focal point (or Project Director) should use regular project meetings to discuss the GY Marker at the end of each quarter and fill in the vetting form based on discussion with the team.

Date: This should be the day on which the project team holds the discussion and reflection using the GY Marker. Discussion and completion of the GY Marker must be finished on one single day and not over several days.

Grade assigned (gender): This is the final grade obtained for the "gender" column after filling out the vetting form and calculating the total number times "yes" is recorded. You must return to this section after completing the vetting form.

Grade assigned (young people): This is the final grade obtained for the “youth” column after filling out the vetting form and calculating the total number times “yes” is recorded. You must return to this section after completing the vetting form.

Step 2: Analysis

Read and understand the question for analysis and read the explanatory notes for the analysis section. Assign a “yes” or “no” to the “gender” column and “young people” column separately based on the question and explanatory notes.

Step 3: Activities

Read and understand the question for activities and read the explanatory notes for the activities section. Assign a “yes” or “no” to the “gender” column and “young people” column separately based on the question and explanatory notes.

Step 4: Participation

Read and understand the question for participation and read the explanatory notes for the participation section. Assign a “yes” or “no” to the “gender” column and “young people” column separately based on the question and explanatory notes.

Step 5: Negative effects

Read and understand the question for negative effects and read the explanatory notes for the negative effects section. Assign a “yes” or “no” to the “gender” column and “young people” column separately based on the question and explanatory notes.

Step 6: M&E

Read and understand the question for M&E and read the explanatory notes for the M&E section. Assign a “yes” or “no” to the “gender” column and “young people” column separately based on the question and explanatory notes.

Step 7: Add totals

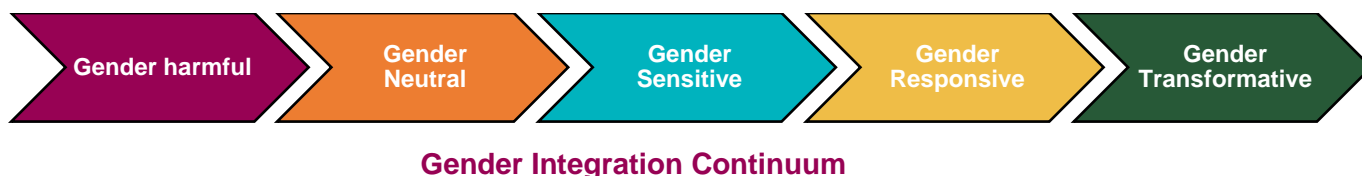
Add total for the number of times “yes” is recorded under “gender” column separately and add total for the number of times “yes” is recorded under the “young people” column separately.

Step 8: Interpret results

Gender column: Use the guidance given under the “gender” column to assign a grade for the Gender Integration Continuum (gender harmful, gender neutral, gender sensitive, gender responsive, gender transformative).

Young people column: Use the guidance given under the “young people” column to assign a grade for the Youth Integration Continuum (youth harmful, youth neutral, youth sensitive, youth responsive, youth transformative).

What do the grades of the GY Marker mean?



Interpretation of Gender Column

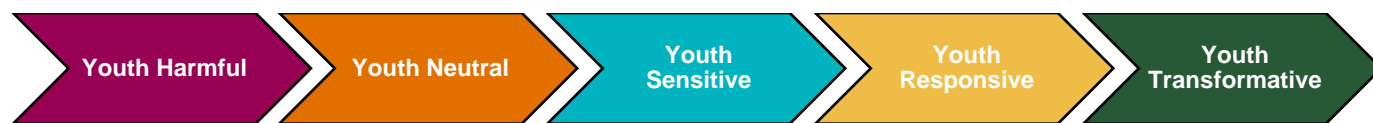
Gender harmful. Approaches and activities reinforce inequitable gender stereotypes or disempower women and/or girls in the process of achieving program goals. For example, in order to encourage institutional deliveries, a country's health department requires all women to deliver at a facility; if a woman fails to deliver at a facility, she must pay a substantial fine. As a result, many women at the end of their third trimesters wait in facilities, as they fear otherwise delivering at home or *en route* to the health facility (due to poor road conditions and inadequate transportation systems). This caused additional stress for women in final stages of pregnancy. Women with young children were even more inconvenienced, as they were required to find resources to care for the existing children during their absences. Hence, despite the positive intentions of increasing institutional deliveries and improving maternal and newborn care, this policy resulted in notable unintended harm.

Gender neutral. Approaches and activities do not actively address gender stereotypes and discrimination. Gender-neutral programming does no harm yet is often ineffective because it fails to respond to gender-specific needs. For example, a project working in a community with high rates of early onset sexual activity among adolescents and notable stigma against premarital sex ensures sexual and reproductive health and family planning services are available in the local clinic. However, the project fails to ensure the facility offers special provisions for adolescents, such as youth-friendly information, education, and communication materials, or operating hours outside of school schedules.

Gender sensitive. Approaches and activities recognize and respond to the different needs of individuals based on their gender and sexuality, thereby significantly improving access to care and/or treatment. However, these approaches and activities fail to address larger contextual issues underlying gender inequities or alter the gendered balance of power. For example, a project supports the training and deployment of female gynecologists to increase the comfort levels of pregnant and postpartum women and girls thereby increasing uptake of related services.

Gender responsive. Approaches and activities enable men and women to examine sociocultural gender expectations and stereotypes and their impact on issues such as health, education, and power dynamics. For example, a project trains antenatal care staff in regions with high prevalence of female genital mutilation to assess the type and degree of female genital mutilation, counsel clients according to their risk of obstructed or difficult labor, and establish and/or strengthen referral linkages for complications.

Gender transformative. Approaches or activities actively build equitable social norms and structures in addition to fostering individual gender-equitable behaviors. For example, a project seeking to address high rates of teenage pregnancies within a community undertakes the following: (1) sensitizing service providers about the specific challenges and vulnerabilities faced by adolescent girls; (2) providing youth (girls and boys) with comprehensive sexuality and life skills education to improve understanding of safe sex and contraception and build effective negotiation and communication skills; (3) engaging with schools and teachers to encourage girls to continue and finish schooling, even if they become pregnant; and (4) engaging community leaders and other community gatekeepers to create a safe, youth-friendly environment free of biases or judgements that hinder access to sexual and reproductive health information and services.



Youth Integration Continuum⁴

Interpretation of Young People Column

Youth harmful. Approaches and activities reinforce negative stereotypes and/or perceptions of young people and create unintended harm and consequences. For example, the service providers in a country require adolescents under age 15 to obtain parental consent to access contraceptive services, or school authorities remove an unmarried pregnant girl from school, thereby denying her the opportunity to access education.

Youth neutral. Approaches and activities do not address the specific needs of young people or fail to engage them in meaningful ways. For example, a project seeking to increase the provision of contraceptive services in public health facilities conducts a training on free, full, and informed choice but does not include any sessions focused on the specific barriers adolescent girls face when seeking care.

Youth sensitive. Approaches and activities recognize and address the specific needs of young people in all phases of programming. For example, a project seeking to increase the provision of contraceptive services in public health facilities conducts a training on free, full, and informed choice that includes sessions focused on the specific barriers adolescents face when seeking care and special considerations for ensuring a safe and inclusive space for counseling and delivering contraceptives to young people.

Youth responsive. Approaches and activities not only recognize and address the specific needs of young people in all phases of programming, but also support and include young people in meaningful ways. For example, a project seeking to increase the provision of contraceptive services in public health facilities integrates meaningful youth participation in the design and implementation of all service delivery interventions and includes young people in monitoring service provision.

Youth transformative. In addition to addressing the specific needs of young people and meaningfully incorporating them in all phases of programming, approaches and activities focus on empowering young people, enhancing their abilities to exercise their rights, and disrupting traditional gender and power norms that prevent them from holding positions of power. Youth-transformative programs engage stakeholders to challenge the underlying causes of inequality and transfer power and decision-making from adults to young people. Youth-transformative programs focus on supporting youth-led initiatives and youth-adult partnerships. For example, a project seeking to increase the provision of contraceptive services in public health facilities integrates meaningful youth participation into all phases of programming, including through funding leadership camps for adolescent girls led by young women, funding youth-led mass media campaigns in communities to increase awareness of sexual and reproductive health and rights, and establishing and/or strengthening youth-adult partnerships composed of members of local youth groups and facility providers to define youth-friendly sexual and reproductive health services.

Want more information on EngenderHealth's GY Marker?

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⁴ The Youth Integration Continuum assesses the integration of all young people (inclusive of adolescents and youth) ages 10-24. For ease of reference, the continuum is referenced to as the Youth Integration Continuum, but it is inclusive of all young people.



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EngenderHealth's Gender and Youth Marker¹ Vetting Form

Country: _____ Project: _____

Reviewer: _____ Date: _____

Grade assigned (Gender): _____ Grade assigned (Youth): _____

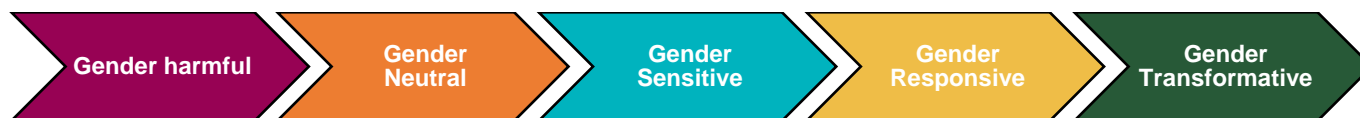
Criteria	Gender (Yes/No)	Young people ¹ (10-24 years) (Yes/No)	Explanatory Notes
<p>Analysis</p> <p>Is the project design informed by sex- and age-disaggregated gender and power analyses with women, men, girls, boys, and other marginalized groups?</p>			<p>Gender, youth, and social inclusion analysis is the systematic attempt to identify key issues that contribute to inequalities related to gender, age, or marginalized status, many of which also contribute to poor development and humanitarian outcomes. Gender and power analysis explores the power dynamics and relationships between different groups and impacts on access to and control over resources, capacities, and resilience.</p> <p><i>For the Young People column:</i> Indicate “yes” if the project segments young people (all categories of adolescents and youth), identifies their specific needs, and includes approaches and interventions designed to meet those needs.</p>
<p>Activities</p> <p>Are the project activities designed to address the specific needs, challenges, and capacities of women, men, girls, boys, and marginalized groups by advancing all three dimensions of gender equality</p>			<p>Gender equality advances through activities targeting changes in the following three domains: agency (direct inputs to women and girls through building their sexual and reproductive health-related knowledge, skills, self-esteem, self-confidence, decision-making, and personal aspirations); structure (government laws and policies related to sexual and reproductive health; social norms and institutional practices within the community); relations (power dynamics with and support of intimate partners, family members, and peers). The activities ensure that they lead to all groups enjoying equitable access and control over sexual and reproductive health information and services.</p>

¹ Young people are inclusive of adolescents (10-19 years) and youth (15-24 years). Adolescents are inclusive of early adolescents (10-14 years); middle adolescents (15-16 years); and late adolescents (17-19 years).

(i.e., agency, structure, and relations)?			<i>For the Young People column:</i> Indicate “yes” if project activities address specific needs of the segments of young people (all categories of adolescents and youth), and engage in all three dimensions (i.e., agency, structure, relations).
<p>Participation</p> <p>Does the project ensure meaningful participation of women, men, girls, boys, and marginalized groups in all of the following: transparent information sharing, participatory decision making, and responsive feedback mechanisms?</p>			<p>Participatory approaches involve women, men, girls, boys, and marginalized groups and are adapted to local contexts through the following:</p> <ul style="list-style-type: none"> • <i>Transparent information sharing:</i> Project staff share and ensure all target groups have equal access to relevant, accurate, project-related information provided in languages understood by such groups. • <i>Involvement in decision making:</i> Project staff ensure that target groups have equal access to meaningfully participate in decision-making efforts related to project activities (e.g., via community consultations). • <i>Responsive accountability mechanisms:</i> Project staff establish and employ accessible, safe, reliable, transparent mechanisms for garnering, managing, and responding to complaints and other forms of feedback from target groups. <p><i>For the Young People column:</i> Indicate “yes” if the segments of ‘young people’ (all categories of adolescents and youth) are participating in and/or benefiting from transparent information sharing, involvement in decision making, and responsive accountability mechanisms.</p>
<p>Negative Effects</p> <p>Does the project intervention consider prevention and mitigation strategies, safety plans, and “Do No Harm Framework minimum standards”, to protect women, men, girls, boys, and marginalized groups from harmful effects, as a result of intervention?</p>			<p>Potential negative effects of project interventions that may impact women, men, girls, boys, and marginalized groups should be proactively identified and prevented. Examples of such concerns include: backlash against a survivor for reporting sexual or gender-based violence or tensions between or among groups.</p> <p><i>For the Young People column:</i> Indicate “yes” if the project has established prevention, mitigation, and safety plans for the segments of ‘young people’ (all categories of adolescents and youth).</p>
<p>Monitoring and Evaluation (M&E) Systems</p> <p>Are monitoring systems collecting, analyzing, and reporting sex- and age-disaggregated data for all changes in gender roles,</p>			<p>Collection and analysis of sex and age disaggregated data is critical to understanding and responding to the specific vulnerabilities and challenges faced by project participants.</p> <p><i>For the Young People column:</i></p> <p>Indicate “yes” if the M&E system can report the following:</p> <ul style="list-style-type: none"> • Age-disaggregated by the following categories: 10–14, 15–16, 17-19, and 20–24.

relations, and inclusion of marginalized groups in the project area?			
Gender and Youth Marker Scale and Interpretation for Gender Column (total number of “yes” responses)	TOTAL Yes		<p>If the project has resulted in any negative effects (<i>Negative Effects column= No</i>), this should be listed as “0= gender harmful,” irrespective of the number of “yes” responses. Otherwise, use the following formulae:</p> <ul style="list-style-type: none"> • 0 “yes” responses = gender harmful • 1 “yes” response = gender neutral • 2 “yes” responses = gender sensitive • 3 or 4 “yes” responses = gender responsive • 5 “yes” responses = gender transformative <p>If the project is rated as “gender harmful,” it must immediately apply EngenderHealth’s Do No Harm Framework minimum standards.</p>
Gender and Youth Marker Scale and Interpretation for Young People Column (total number of “yes” responses)		TOTAL Yes	<p>If the project has resulted in any negative effects (<i>Negative Effects column= No</i>), this should be listed as “0= youth harmful,” irrespective of the number of “yes” responses. Otherwise, use the following formulae:</p> <ul style="list-style-type: none"> • 0 “yes” responses = youth harmful • 1 “yes” response = youth neutral • 2 “yes” responses = youth sensitive • 3 or 4 “yes” responses = youth responsive • 5 “yes” responses = youth transformative <p>If the project is rated as “youth harmful,” it must immediately apply EngenderHealth’s Do No Harm Framework minimum standards.</p>

Gender Integration Continuum



Youth Integration Continuum



Table 1: Discussion and Reflection Guidelines

Topic	Area of Discussion	Rationale (for marking “yes” or “no”)	Examples and Links
Analysis	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Age group (20–24)		
Activities	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Age group (20–24)		
Participation	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Age group (20–24)		

Negative Effects	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Age group (20–24)		
Monitoring and Evaluation Systems	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Age group (20–24)		

Table 2: Overarching Success, Challenges, Next Steps, and Responsible Parties

Theme	What Went Well (Successes)	Challenges	Next Steps	Responsible Party
Gender				
Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Age group (20–24)				