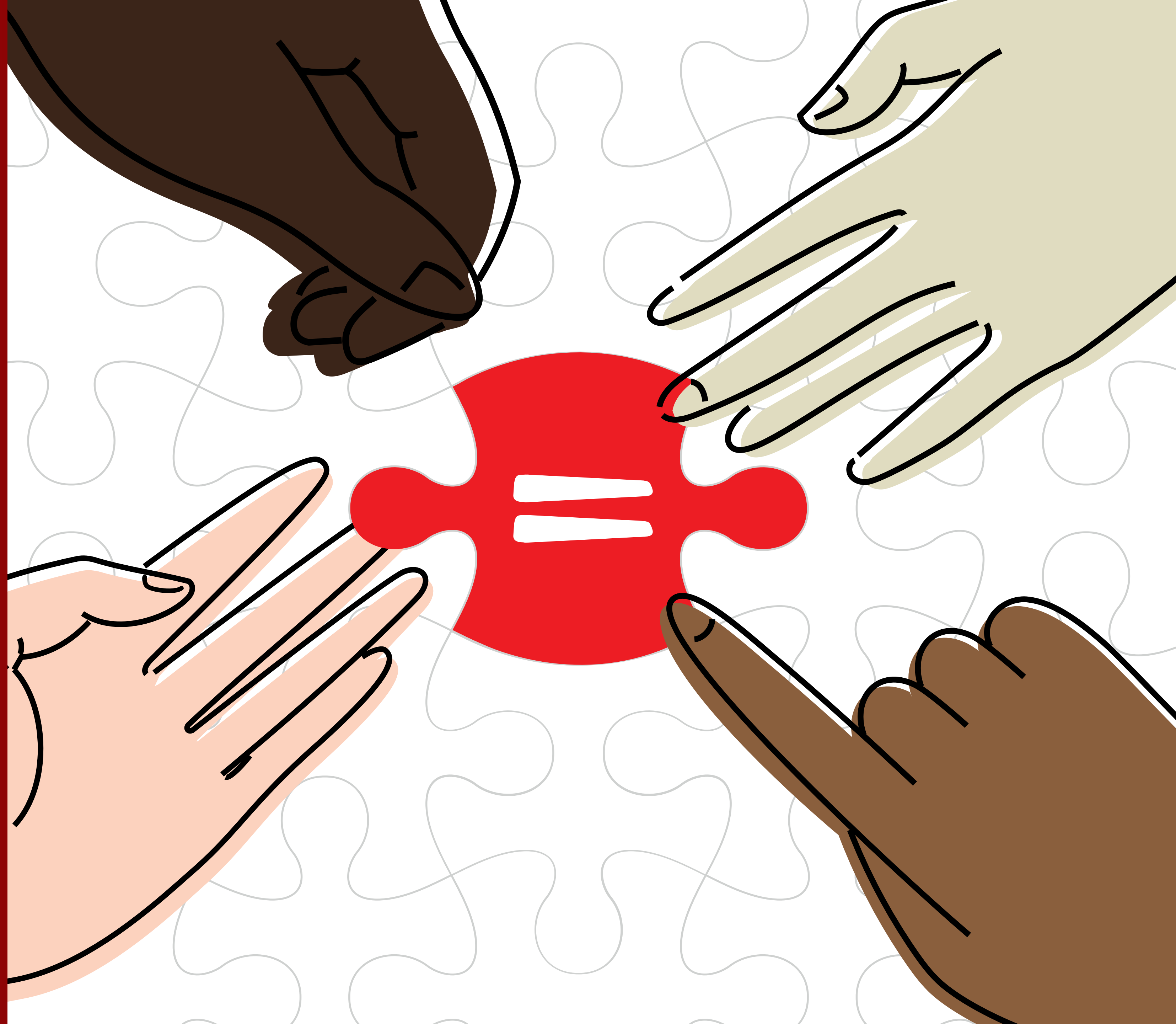




# GENDER & POWER ANALYSIS

**GAP ANALYSIS:**  
A CHILD-CENTRED  
& INTERSECTIONAL  
APPROACH



# ACKNOWLEDGEMENTS

## **Authors:**

Krista Bywater, Yeva Avakyan, Karine Lepillez

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## **Core Team:**

Andrew Gleason, Betelhem Ephrem, Deanna Duplessis, Sandra Johansson

---

## **Contributors:**

Alana Kapell, Allison Jeffery, Beatrice Scheuermann, Binta Cisse, Carolyn Alesbury, Darin Ottenhoff, Emma Venetis, Emily Brown, Eyerusalem Tessema, Hadley Solomon, Ian Simcox, Jacquelyn Haver, Jennifer Gayles, Lenette Golding, Marie Busk Larsen, Martina Orsander, Melanie Yahner, Melissa Donaher, Michelle Lokot, Monica Caminiti, Nadia Rivera, Nakhungu Magero, Nina Gora, Patricia Tibbets, Olivia Henderson, Peeranee Suparak, Rachel Popik, Shana Peiffer, Shelagh Possmayer, Silvia Paruzzolo, Soni Pradhan, Sonia Holzman, Steve Morgan

# HOW TO USE THE GAP ANALYSIS GUIDANCE

Save the Children's Gender and Power (GAP) Analysis Guidance is an essential tool to identify, understand, and address discrimination and inequalities that prevent children, their families, and communities from claiming their full and equal rights.<sup>1</sup> GAP analysis generates evidence that enables the design of programmes that contribute to advancing gender equality and social justice. It allows SC staff, partners, and communities to design and adapt programming that positively transforms unequal power relations and ensures all stakeholders can equitably access, participate in, be decision-makers for, and benefit from activities. GAP analysis can inform a wide variety of work, including single or multi-country projects/initiatives and advocacy across thematic areas.<sup>2</sup>

The GAP Analysis Guidance consists of the six sections to the right. You can read them in order or skip back and forth between the parts. Regardless of your level of expertise in gender equality, power analysis, or research, it is helpful to review parts 1, 2, and 3 at a minimum before starting a GAP analysis. Along with key information on what makes SC's GAP Analysis unique, the annexes include sample questions, tools, and templates that can be adapted for each context.

## BREAKDOWN OF THE GAP ANALYSIS GUIDANCE

### PART 1: THE OVERVIEW

**GAP Analysis Resources** introduces and provides a broad summary of SC's GAP Analysis and its relevance to SC staff and partners.

### PART 2: THE WHY

**GAP Analysis Basics** introduces the objectives, frameworks, guiding principles, and concepts used in a GAP analysis. Even if you have previously conducted a gender or gender equality and social inclusion (GESI) analysis, this part is crucial as it clarifies SC's unique child-centred and intersectional approach.

### PART 3: THE HOW

**Ten Steps of GAP Analysis** outlines the stages and methodological considerations for conducting a GAP analysis. The step-by-step research instructions are particularly useful for SC staff and partners who need information on the research process, feminist and inclusive approaches, and working with children as research participants.

### ANNEX ONE: THE WHO

**Power Differentials** offers in-depth explanations of power differentials, which are social categorisations or markers that identify varying degrees of power and status between individuals and groups. Understanding power differentials and accompanying systems of oppression helps to conduct a comprehensive GAP analysis. Power Differentials reviewed in this part are gender; age; sexual orientation; socio-economic status; disability; race, ethnicity, caste, indigeneity; nationality and migrant, refugee, and internally displaced status.

### ANNEX TWO: THE WHAT

**Thematic Research Questions** provides sample research questions. SC staff and partners should tailor their sample questions to the project or initiative themes, sectors, contexts, and participants. This part includes the thematic areas/sectors in which SC works: Child Poverty, Child Protection, Child Rights Governance, Education, Health and Nutrition.

### ANNEX THREE: THE RESOURCES

**Acronyms, Glossary, Tools, and Additional References** includes tools and templates to use throughout the research process. These resources help staff and partners complete the research steps and can be adapted to suit the focus and scope of a GAP analysis.

# HOW TO NAVIGATE THE GAP ANALYSIS

PART ONE OVERVIEW



## Table of Content Link:

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## Sub-Section Arrow Link:

Clicking this style of link will bring you to that specific sub-section within the section it's representing.



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## Home Link:

At any time, if you want to go back to the table of contents and select a new part, you can click the home icon.



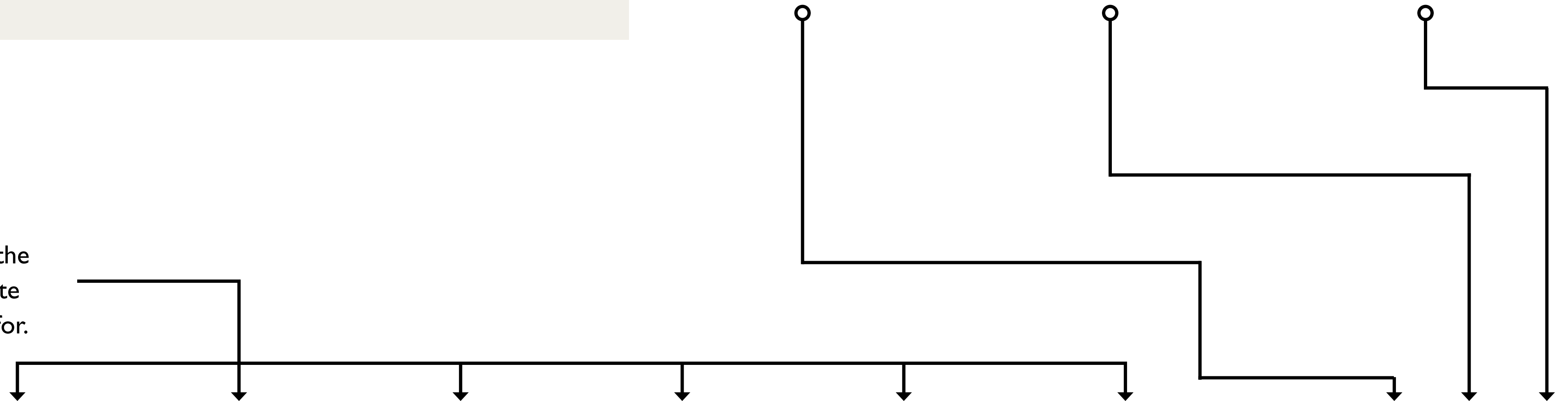
## Go to Next Page

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Part One -  
THE OVERVIEW

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## PART ONE

# THE OVERVIEW:

## GAP Analysis Guidance

**THE OVERVIEW** describes and provides background on the GAP Analysis Guidance for SC staff and partners.

➔ What is a GAP Analysis?

➔ Why is a GAP Analysis Important?

➔ What Makes our GAP Analysis Unique?

➔ Who Should Use the GAP Analysis Guidance?

➔ When to Conduct a GAP Analysis?

# WHAT IS A GAP ANALYSIS?

GAP analysis is a type of action research that examines power relations. It explores gender inequalities and intersecting systems of oppression that impact the individual and collective ability of people to fully exercise their rights. SC uses GAP analysis to identify and analyse inequalities, break down barriers to equitable and meaningful participation, and advance gender equality and social justice.

SC's GAP Analysis Guidance is unique. It uses an intersectional and child-centred approach<sup>3</sup> while recognising the relationships, systems, and structures that shape children's lives. The guidance is grounded in human rights and the understanding that intersecting inequalities are key barriers that prevent children, their families, and communities from fully exercising their rights.

## A GAP Analysis enables SC staff and partners to work with a diverse group of stakeholders to:

- Identify, examine, and understand forms of gender and social inequality as well as power relations and systems, which are key drivers of child rights violations.
- Analyse and explain how systems of oppression based on sex, gender, age, disability, ethnicity, socio-economic status, and other power differentials intersect and shape people's life choices, access to resources, and opportunities.
- Understand existing efforts at all levels (individual, interpersonal, community, society) that challenge gender and social inequalities.
- Develop evidence-based and context-specific recommendations to:
  - Design or adapt project/initiative processes and activities to increase equitable access, participation, decision-making power, and benefits for people who experience inequality.
  - Ensure practices and interventions do not cause harm by perpetuating or increasing existing gender and social inequalities, and mitigate any potential unintended negative consequences.
  - Collaborate to transform unequal gender and power relations to promote equality, social justice, and sustainable social change that enables all children to survive, learn, and be protected.<sup>4</sup>

# G



**GENDER  
AND POWER**

# A



**ACTION FOR  
SOCIAL JUSTICE**

# P



**PARTICIPATION  
OF CHILDREN**

# WHAT IS A GAP ANALYSIS?

A GAP Analysis can take different forms, depending on the context, focus, project budget, staff time, and stage of project implementation. It can be a standalone study or integrated into other research processes such as project baselines, Child Rights Situational Analyses, risk assessments, or thematic/sector assessments, like market assessments. Tailoring a GAP analysis helps to address context-specific knowledge gaps. Collaborating with a diverse group of stakeholders; using feminist, inclusive, and child-centred methodologies; employing qualitative or mixed methods; and disaggregating data by gender, age, and other power differentials allows for a thorough analysis.

For all programming and advocacy across thematic areas, it is ideal to conduct a GAP Analysis as soon as possible to ensure that the findings and recommendations inform the design and implementation. That said, SC staff and partners can conduct a GAP analysis at multiple points across the project cycle (proposal development, start-up, implementation, and at the end). This approach enables evidence generation and analysis at each stage to inform decision-making, design and adaptation of activities, risk mitigation, and learning. It also allows us to measure changes over time, resulting in powerful evidence on the impact of our work.





# WHY IS A GAP ANALYSIS IMPORTANT?

[SC's ambition](#) is that by 2030 all children will survive, learn, and be protected from violence. To achieve this goal, our 2022-24 Global Strategy is committed to protecting the rights of children most impacted by discrimination and inequality, now and in the future. Advancing gender equality and social justice is foundational to delivering on SC's ambition and strategy. A GAP analysis is an essential tool for our work. It enables SC staff and partners to generate evidence and ensure that projects/initiatives address discrimination and inequality that impact children, their families, and communities.

## A GAP Analysis:

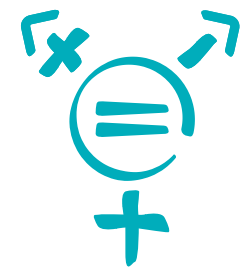
- Enables evidence-based and context-specific programmatic and advocacy work that addresses the root causes of gender and social inequality.
- Supports staff to operationalise SC's global [Gender Equality Policy](#), including our essential standard that all our programming will be gender sensitive or gender transformative.
- Generates powerful evidence to measure our impact.
- Ensures SC and partners collaborate with, value the knowledge and experience of, and are accountable to children, their families, and communities.
- Fosters the equitable and meaningful participation of a diverse group of stakeholders in projects/initiatives and advocacy.

If we are intentional and work collaboratively and equitably with diverse groups of stakeholders, we can build supportive and enabling environments for children, advance their rights, and foster positive and transformative social change.



# WHAT MAKES OUR GAP ANALYSIS UNIQUE?

# G



**GENDER  
AND POWER**

GAP analysis draws on intersectional feminist theory and approaches, which emphasise gender as a critical power differential that structures social interactions, relations, and institutions in every community and country. It enables an examination of how various systems of oppression overlap and interact with sexism and shape people's life choices, access to resources, and opportunities.

# A



**ACTION FOR  
SOCIAL JUSTICE**

GAP analysis aims to produce both new knowledge and social change. The findings and recommendations from a GAP analysis will inform SC's programming and advocacy. GAP analysis generates evidence that enables the design of programmes that contribute to advancing gender equality and social justice through positively transforming unequal power relations and ensuring all stakeholders can equitably access, participate within, be decision-makers for, and benefit from activities. Through the use of participatory methodologies, including youth and child-led methods, GAP analysis prioritises the knowledge and experiences of communities.

# P



**PARTICIPATION  
OF CHILDREN**

GAP analysis uses a child-centred approach that supports children to freely form and express their views and recognises children as decision-makers, alongside adults. It puts children's safe, meaningful, and equitable participation at the centre and enables us to examine how age discrimination intersects with gender inequality and other forms of oppression. This approach ensures that all girls, boys, and children who identify as non-binary understand and see the results of their participation. Being 'child-centred' does not mean we only engage with children – rather, it requires us to work to improve the systems and structures shaping children's lives by tackling unequal power hierarchies and ensuring duty bearers are accountable and fulfil their child rights obligations.

# WHO SHOULD USE THE GAP ANALYSIS RESOURCES?

This guidance is primarily for SC staff and partners who will lead, design, and/or conduct a GAP analysis. The guidance will also help:

- **Proposal leads and writers** learn what to include in proposals to support GAP analysis research, including GAP analysis budgets, trainings, roles, responsibilities, and timelines.
- **Programme and award managers** learn to design, manage, and budget for a GAP analysis and strategy.
- **Technical advisors and specialists** learn to integrate GAP analysis questions and considerations into thematic/sector-based research and programming, understand intersecting inequalities, and provide more relevant and effective programming guidance.
- **Research, Evidence, Accountability, Monitoring, and Learning (REALM) staff** learn how to design a GAP analysis and how GAP issues can be measured, tracked, evaluated, and how they can contribute to programme design, refinement, and learning agendas.
- **Policy and advocacy staff** learn how inequalities intersect and identify opportunities to promote GAP analysis findings and recommendations in legislation and policies.



# WHEN TO CONDUCT A GAP ANALYSIS?

## 1. IDENTIFICATION PHASE:



### Proposal Development

SC staff and partners can use a modified/rapid GAP analysis process to inform new funding opportunities. During proposal development,<sup>5</sup> a rapid GAP analysis can support the design of projects or initiatives that promote gender equality and transform unequal gender and social norms, systems, and structures, including through:

- Helping to identify key stakeholders, especially those who are most impacted by inequality and discrimination.
- Highlighting important research and programmatic trends and gaps, to tailor the project to address the root causes of inequality and most effectively advance equality and social justice.
- Informing gender sensitive and transformative project design, including activities, monitoring and evaluation indicators, learning agendas, and the creation of a GAP strategy.

A rapid GAP analysis during proposal development provides us with important information to meet the criteria included in [Save the Children's Gender Equality Marker \(GEM\)](#), and thereby deliver on the essential standard that all programmes are designed to be gender sensitive or gender transformative. Once the project or initiative begins, a full GAP analysis can be carried out to test, confirm, and expand on findings from the rapid GAP analysis.

## 2. DESIGN PHASE:



### Start of the Project/Initiative

During the design phase, SC staff and partners begin to develop and/or refine the foundations of the project/initiative based on evidence gathered and analysed during the identification phase. Ideally, staff will carry out a full GAP analysis at the start of a project/initiative. You can conduct this research as a standalone analysis, as part of the baseline process, or you can incorporate it into other assessments or data collection efforts.

**At this stage, SC staff and partners can use the GAP analysis findings and recommendations to create a GAP strategy, as well as inform the:**

- Refinement of activities and learning agendas.
- Identification of and outreach to stakeholders and participant groups.
- Development/refinement of the theory of change. Design of the results framework, with indicators to measure:
  - Changes in gender and social inequalities.
  - Changes in empowerment for children and adults experiencing inequality and discrimination.
- Planning during the remaining phases of the project life cycle, including set up, implementation, learning, and adaptation.

## 3. IMPLEMENTATION PHASE:



### Implementation and End of Project/Initiative

The GAP Analysis Guidance can also be used to design feminist, inclusive, and child-centred evaluations and assessments midway through or at the end of a project/initiative. Questions in a GAP evaluation or assessment will focus on effectiveness, unanticipated results, and outcomes related to gender equality and social justice activities. A GAP evaluation or assessment at the midterm or end line allows staff to:

- Identify gaps in participant access, participation, decision-making, and benefits from activities.
- Learn from their efforts to address gender and social inequality and adapt activities.
- Detect and mitigate unintended negative consequences, including the reinforcement or widening of inequalities and any increase in risks or reports of gender-based violence.
- Analyse findings in the context of the project/initiative learning agenda.

## PART ONE

# ENDNOTES:

<sup>1</sup> Save the Children's GAP Analysis builds upon previous gender analysis frameworks and gender and social inclusion (GESI) analyses developed by researchers, donors, NGOs, and practitioners. For example, the Harvard Analytical Framework, Moser Gender Analysis Framework, USAID's Gender Analysis Requirements in ADS 205, Transforming Agency, Access, and Power (TAAP) Toolkit, and Jphiego's Gender Analysis Toolkit for Health Systems.

<sup>2</sup> GAP Analysis is critical in all contexts and for all programmes. Save the Children additionally has a Humanitarian Gender Analysis Tool that is tailored to emergency contexts.

<sup>3</sup> In a child-centred approach, we seek to improve the systems and structures that shape children's lives by directly tackling unequal power hierarchies and ensuring duty bearers meet their human rights obligations. This approach requires intentional engagement with broader social and gender norms and hierarchies that perpetuate rights violations, marginalisation, and discrimination of adults as well as children.

<sup>4</sup> Modified from USAID (2018). Suggested Approaches for Integrating Inclusive Development Across the Program Cycle and in Mission Operations (ADS 201 Additional Help).

<sup>5</sup> The project phases (identification, design, and implementation phases) align with Save the Children's PPM [PRIME Project Management Lifecycle](#).



## PART TWO

# THE WHY:

## GAP Analysis Basics

**The WHY** provides the conceptual background, including key frameworks, principles, and concepts that guide the process of conducting a GAP analysis. SC staff and partners can read this part from beginning to end or review specific sections to ensure a comprehensive understanding of why SC's GAP analysis is unique and gain the theoretical foundation needed to carry out GAP analysis research.

**Annex One: THE WHO** complements **Part 2** as it provides in-depth explanations of the power differentials, which are relevant across SC's programming and advocacy work. Reviewing Annex One can help you better understand how power differentials (gender, age, disability, etc.) and accompanying systems of oppression (sexism, ageism, ableism, etc.) operate and intersect. An in-depth understanding of different and overlapping forms of power and domination is critical before beginning a GAP analysis.

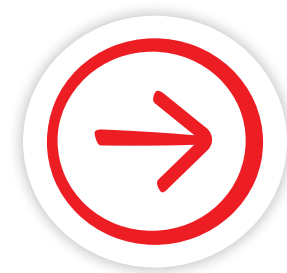
 **Research Frameworks and Approaches**

 **Guiding Principles**

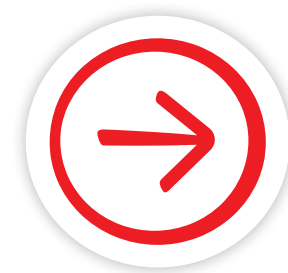
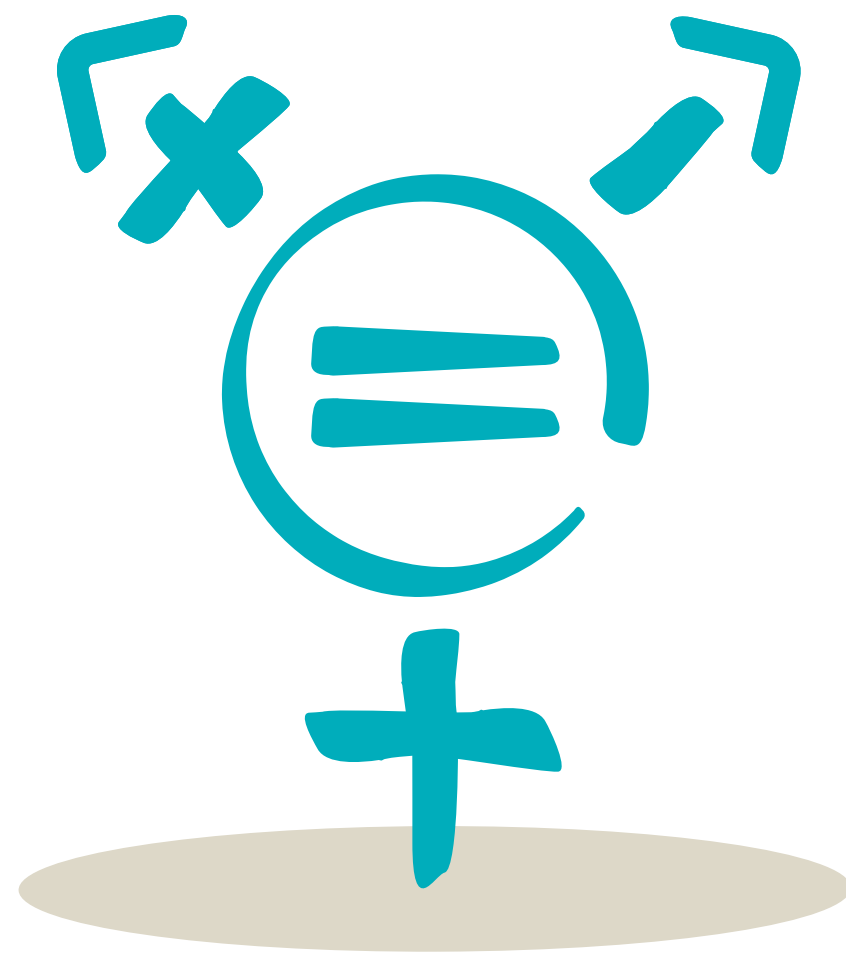
 **Domains of Analysis**

# RESEARCH FRAMEWORKS AND APPROACHES

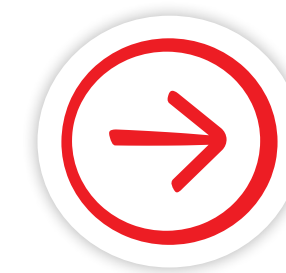
This section describes the key frameworks that guide the design and implementation of a SC GAP analysis.



**GENDER AND  
POWER FRAMEWORK**



**CHILD-CENTRED  
APPROACH**



**SOCIO-ECOLOGICAL  
MODEL**



**INTERSECTIONAL  
APPROACH**



## RESEARCH FRAMEWORKS AND APPROACHES

# GENDER AND POWER FRAMEWORK

SC's GAP analysis builds on previous gender analysis frameworks and gender equality and social inclusion (GESI) analyses.<sup>1</sup> It highlights gender as a leading power differential or social marker that structures social interactions, relations, and institutions in every community and country. Gender norms and hierarchies exist in all aspects of social life. They shape everything from our family roles and decision-making power to our aspirations and job opportunities to our land and inheritance rights.

**Gender is at the centre of the analysis because patriarchal beliefs and unequal power relations cause pervasive rights violations around the world, for example:**

- One in three women around the world experiences gender-based violence in her lifetime.<sup>2</sup>
- Women with disabilities are up to 10 times more likely to experience sexual violence, and estimates suggest that 40% to 68% of young women with disabilities will experience sexual violence before the age of 18.<sup>3</sup>
- Each year, 12 million girls are married before their 18th birthday.<sup>4</sup>
- Women and girls account for 72% of all human trafficking victims, with girls representing more than three out of every four child trafficking victims.<sup>5</sup>
- Only 66% of countries have achieved gender parity in primary education. Fewer than half of the world's countries have achieved gender parity at the secondary school level.<sup>6</sup>
- Compared to men without disabilities women with disabilities are three times more likely to be illiterate, twice as likely to be unemployed, and three times more likely to have unmet health needs.<sup>7</sup>
- It will take 145.5 years to achieve gender parity in political participation, severely limiting girls' future opportunities for leadership.<sup>8</sup>





## RESEARCH FRAMEWORKS AND APPROACHES

# GENDER AND POWER FRAMEWORK

Importantly, the GAP analysis is also grounded in a broader consideration of power. It draws on key feminist theories of power, like intersectionality, which emphasise gender as a critical power differential that overlaps with others, such as age and ethnicity, to shape experiences of oppression. The GAP framework, therefore, draws attention to the numerous power hierarchies and interconnected systems of oppression that cause inequality. It enables an examination of how unequal power relations overlap with sexism to deepen or produce specific inequalities and forms of discrimination.

It highlights that power is exercised across a series of social domains (see section on [Domains of Analysis](#)) and levels of the socio-ecological model (individual, interpersonal, community, and society). Power shapes individual's and group's access to and control over resources and opportunities, their ability to exercise their agency and rights, and their experiences of inequality and discrimination.

The framework enables us to identify, understand, and address the root causes of inequality, rather than only the symptoms, supporting us to design and deliver transformative programming. It helps us move beyond social inclusion, which tends to focus on including people with marginalised identities and characteristics within existing systems, leaving the causes of inequality unexamined and unchanged. By focusing on power, the GAP analysis framework reveals the unequal power hierarchies and systems that cause gender inequality and social injustice. Only by tackling these root causes of rights violations and inequality, can we drive the systemic and long-term transformative social change required to deliver on [SC's Ambition 2030](#).

**Power differentials** are social categorisations or markers that identify varying degrees of power and status between individuals and groups.

**Patriarchy** is a belief system that justifies unequal power relations based on sex and/or gender. It maintains that males or men are inherently superior (intellectually, emotionally, physically, etc.) and is used to justify men's power in society, including over women, girls, and people who identify as non-binary.

**Intersectionality** refers to interconnected power relations that cause inequalities.

## RESEARCH FRAMEWORKS AND APPROACHES

# GENDER AND POWER FRAMEWORK



### FORMS OF POWER

**Power within** or internal power: the knowledge, individual capabilities, sense of entitlement, self-esteem, and self-belief needed to act.

**Power to** or decision-making power: the power to make choices.

**Power over** or bargaining power: the power to take control over self and others. This type of power relies on force, coercion, domination, and control.

**Power with** or collective power: the shared power that grows out of collaboration and relationships with others (e.g., organising to enhance rights and access to resources and opportunities). It builds on accompaniment, collaborative decision making, and mutual respect, support, solidarity, and empowerment.

In working with children, their families, and communities, we want to nurture power within, power to, and power with and not operate from a position of power over. The aim is to create the conditions in which power can be equitably shared.

## RESEARCH FRAMEWORKS AND APPROACHES

# CHILD-CENTRED APPROACH

SC recognises the need to position children and their rights at the centre of our programmes. We also acknowledge the ways individual, interpersonal, community, and societal factors can perpetuate children’s experiences of inequality and affect their ability to fully exercise their rights.

### Using a child-centred approach within a GAP analysis requires:

- **Engaging all children, regardless of their identity, social characteristics, and backgrounds, with age-appropriate, feminist, and inclusive methodologies designed for the ways they process and interact with the world at different stages of life.<sup>9</sup>**

SC staff and partners must tailor research methodologies to ensure suitability for children (e.g., children of different ages and genders)<sup>10</sup> and foster their equitable and robust participation. Ensuring that they can freely form and express their own views is critical.

- **Interpreting children’s thoughts, opinions, and experiences as legitimate contributions to their communities and societies.**

Children are often treated as “adults in the making” or in the process of “becoming” rather than as full and active participants in society.<sup>11</sup> We challenge this perspective by recognising the inherent right of all children to be heard, the valuable contributions children make, and the agency they exercise in their own lives.

### Basic Requirements for Effective and Ethical Children’s Participation:

- Participation is transparent and informative.
- Participation is voluntary.
- Participation is respectful.
- Participation is relevant.
- Participation is child-friendly.
- Participation is inclusive.
- Participation is supported by training for adults.
- Participation is safe and sensitive to risk.
- Participation is accountable.

One of the overall objectives of the UN CRC Committee’s General Comment No. 12 is to support States’ parties in the effective implementation of Article 12 (the child’s right to be heard), including to propose a set of Basic Requirements for appropriate ways to give due weight to children’s views in all matters that affect them.

## RESEARCH FRAMEWORKS AND APPROACHES

# CHILD-CENTRED APPROACH

- **Treating children as rights-holders and decision-makers alongside adults and enabling their equitable and meaningful participation in research and project implementation.**

Children's participation is a key principle of the United Nations Convention of the Rights of the Child (UNCRC; Article 12). It is an indispensable element of all rights-based programming. To meet human rights obligations and to respect children and their rights, we must promote and support children's participation in all matters that affect them. Decision-making processes should be informed by their contributions. As such, a GAP analysis is incomplete if it does not engage children themselves in a meaningful way.

- **Examining how gender and other power differentials shape children's experiences.**

A child-centred approach means that we examine how age intersects with gender inequality and other forms of discrimination to diminish children's agency and produce specific rights violations. We need to understand the different experiences of girls, boys, and children who identify as non-binary and the extent, nature, and impact of systems of oppression. This understanding will enable SC programming and advocacy to address the causes of inequality, rather than treat the symptoms.

- **Promoting accountability for children's well-being and rights, including the respect, support, and fulfilment of children's right to be heard and their civil and political rights.**

Being 'child-centred' does not mean we only engage with children – rather, it requires us to work to improve the systems and structures shaping children's lives by tackling unequal power hierarchies and ensuring duty bearers are accountable and fulfil their child rights obligations. This approach requires intentional engagement with broader social and gender norms that perpetuate rights violations, inequality, and discrimination against adults as well.<sup>12</sup>

## Age Categories

Age categories used by countries and organisations often vary. Throughout the GAP analysis guides, the term 'children' refers to those aged 0-18 years. When designing a GAP analysis, consider local age category definitions and young people's roles and responsibilities, which may vary by gender, social norms, and country law. Examples of age groups:



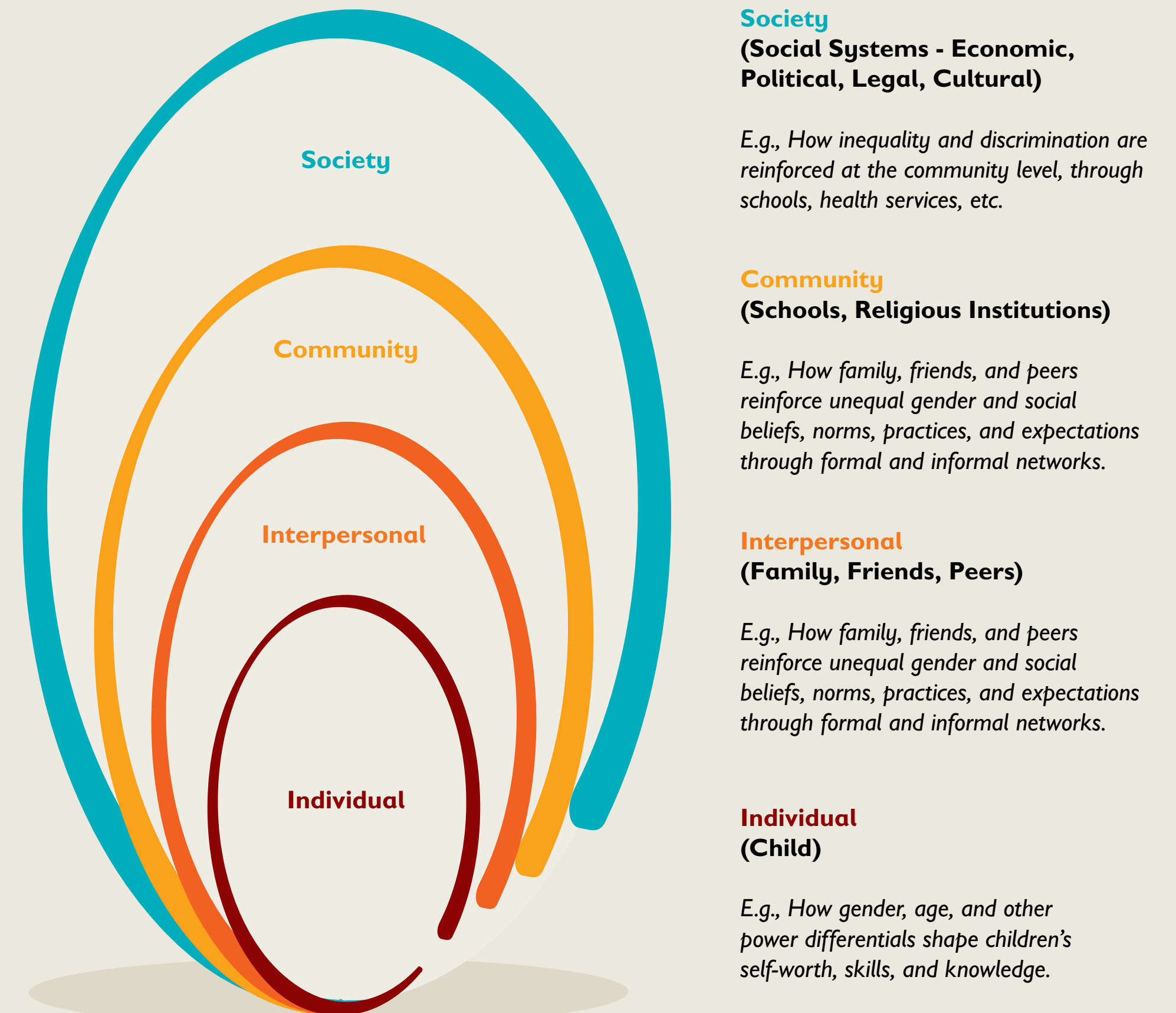
## RESEARCH FRAMEWORKS AND APPROACHES

# SOCIO-ECOLOGICAL MODEL

The socio-ecological model recognises that children do not live in a vacuum and that their ability to exercise their rights and make life choices is influenced by a social environment comprised of social, political, economic, and legal systems. These systems influence the identity, sense of self, choices, and behaviours of children and adults and shape how resources, opportunities, and services are distributed, accessed, controlled, and used. Activities carried out at each level of the socio-ecological model (individual, interpersonal, community, society) are interconnected and often interact in complex ways. Progress in one area can encourage or accelerate progress in another area, and barriers at one level can hinder improvements in others.

To attain equality, including the transformation of unequal gender and social norms, we need to examine and work at multiple levels of society at the same time. By tackling unequal power hierarchies at multiple levels, projects can create space for sustainable and positive changes in knowledge, attitudes, beliefs, behaviours, and norms.

Figure 1: Child-centred Socio-ecological Model



## RESEARCH FRAMEWORKS AND APPROACHES

# INTERSECTIONAL APPROACH

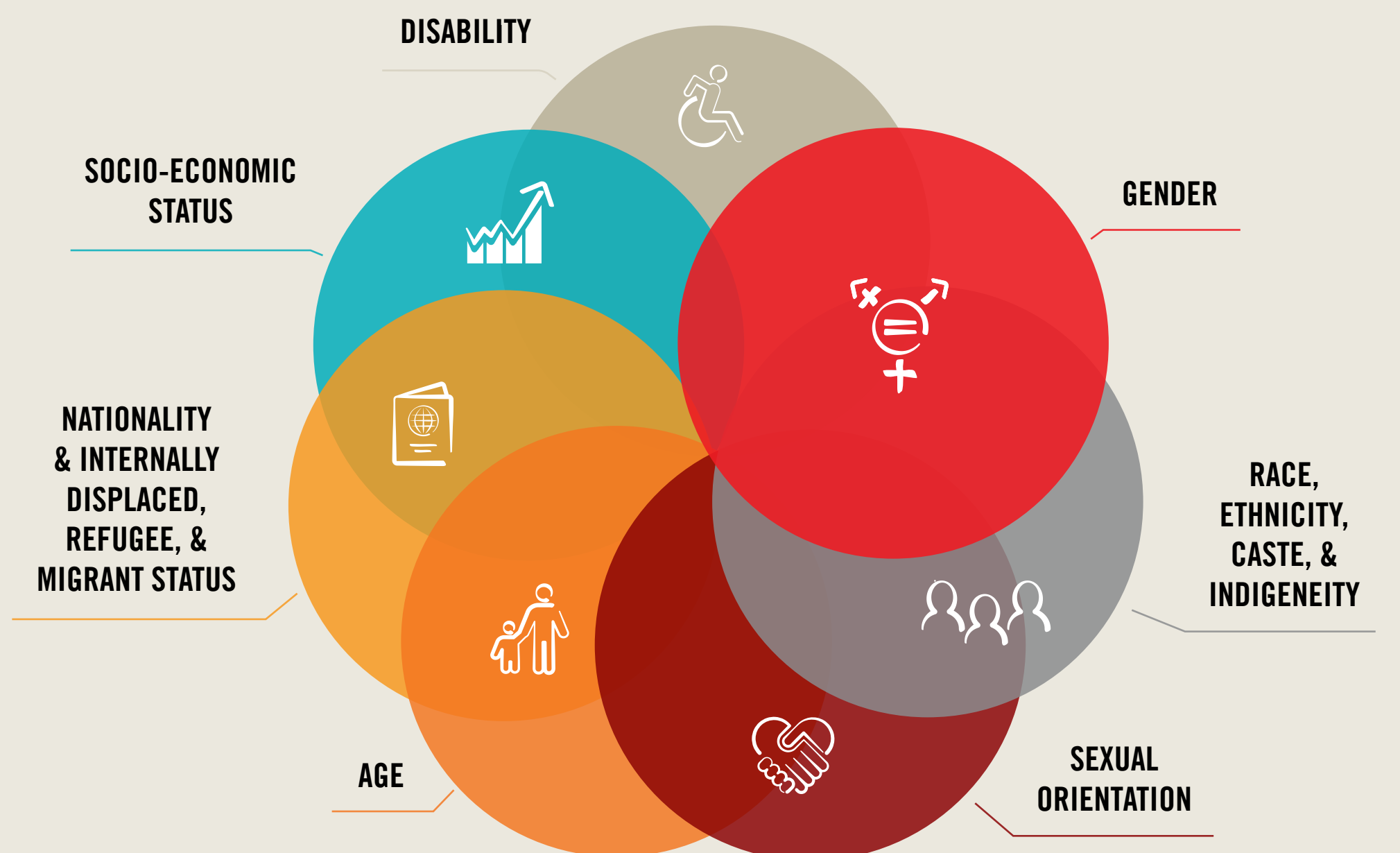
**“THERE IS NO SUCH THING AS A SINGLE-ISSUE STRUGGLE BECAUSE WE DO NOT LIVE SINGLE-ISSUE LIVES.”<sup>13</sup>**

- Audre Lorde, noted American writer and feminist

Intersectionality refers to the interconnected nature of systems of oppression (e.g., sexism, ageism, homophobia, ableism, racism, xenophobia, classism) and power differentials (e.g., based on gender, age, sexual orientation, disability, race, ethnicity, caste, indigeneity, and socio-economic status).<sup>14</sup> Theoretically grounded in Black Feminism, intersectionality is a framework for understanding how individuals and groups are simultaneously impacted by multiple systems of oppression and forms of discrimination. It considers overlapping power relations to understand the complexity of people’s lives, including the privileges and disadvantages they may experience.

Societies categorise people in different ways. Moreover, all of us can self-identify with and adopt multiple, interdependent, and sometimes shifting identities. Not only do these identities and categorisations change over time, their relevance depends on where you are and with whom you are interacting. An intersectional approach recognises that power relations and social identities are not additive and vary across time and cultures. Therefore, any intersectional analysis needs to be context-bound.

**Figure 2: Intersecting Power Differentials**



## RESEARCH FRAMEWORKS AND APPROACHES

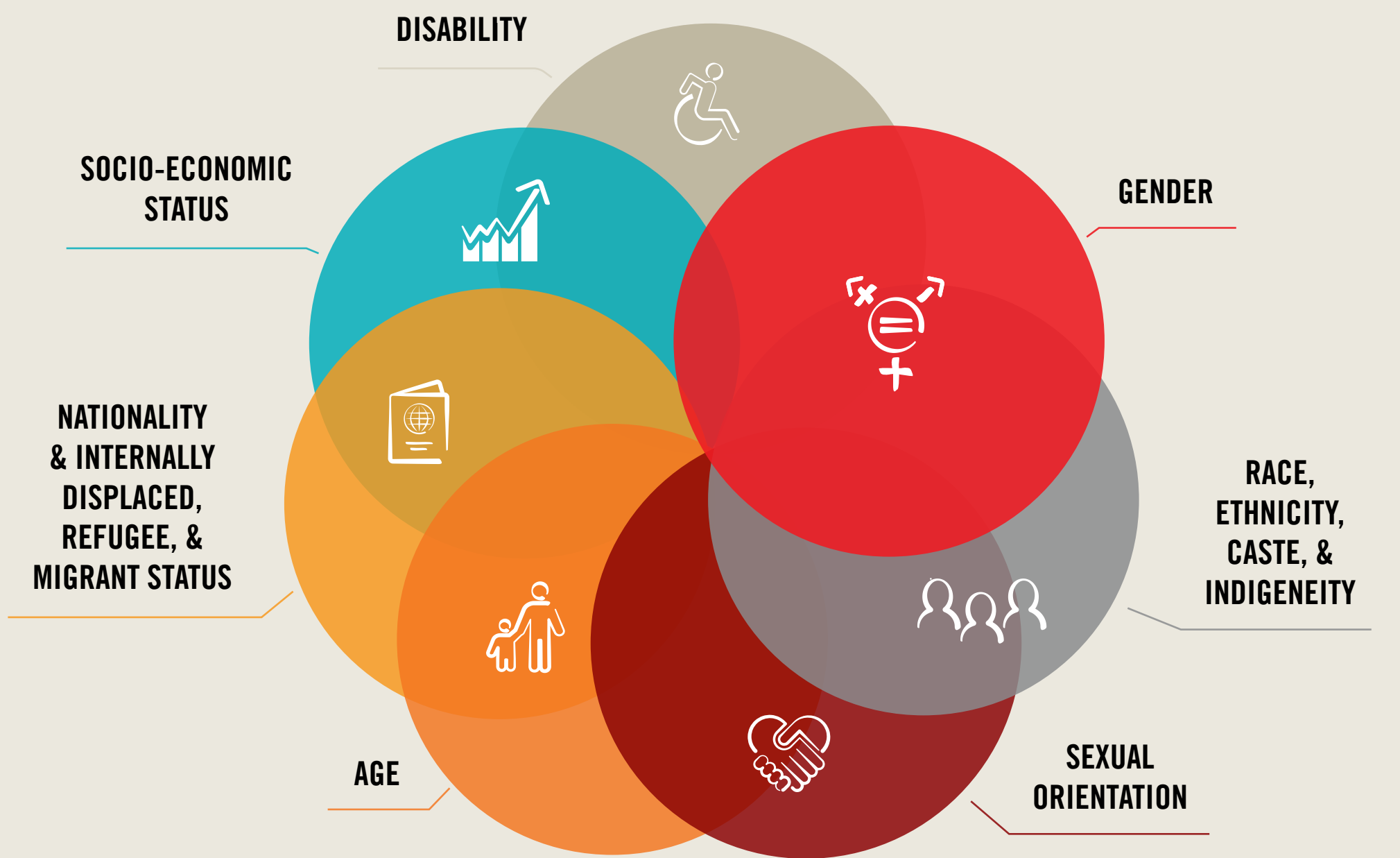
# INTERSECTIONAL APPROACH

The framework of intersectionality also helps us understand how various systems of oppression can overlap, converge, and lead to unique experiences of discrimination and subjugation. People may be subject to sexism, ableism, ageism, and classism all at the same time. For example, an adolescent girl with a disability who is living in poverty and from a minority ethnic group will likely experience different forms of discrimination than an adolescent boy without a disability from the same ethnic group and a wealthy family.

Additionally, systems of oppression are interconnected and cannot be examined separately from one another. We can comprehend the complex ways that unequal power relations affect people's lives by analysing the intersection of multiple types of oppression across the socio-ecological model. **An intersectional approach helps to identify those who experience the most inequality and supports transformative programming and advocacy to change how power is distributed in society.**

Systematic exclusion and discrimination against people around the world can be based on multiple factors, including gender; age; sexual orientation; disability; socio-economic status; race, ethnicity, caste, indigeneity; nationality; migratory, internally displaced, and refugee status. The power differentials used to justify the unequal distribution of power and resources can change over time and vary across contexts. SC's GAP Analysis Guidance uses gender as an entry point into a deeper intersectional analysis that examines how power differentials overlap and shape peoples' experiences in particular contexts and times. Many more systems of oppression exist than are explained in this guidance, such as marital status, religion, health status (e.g., HIV status, pregnancy), and location. **Therefore, a GAP analysis should be tailored to investigate the forms of inequality that are socially significant to the project site(s), thematic areas, and/or the priority community or population.**

**Figure 2: Intersecting Power Differentials**



# GUIDING PRINCIPLES

## Do No Harm

SC staff, partners, and research participants should never be put at risk of harm (either intentionally or unintentionally). Children and adults can experience harm due to data collection practices at any phase of the programme cycle, including during a GAP analysis. Unintended negative consequences can occur in variety of ways. For instance, researchers may inadvertently put a participant's safety at risk by asking them to reveal a stigmatised social status and then compromise their confidentiality by not following data security protocols. The broader community may also experience harm such as violence or backlash from dominant groups. People in positions of power may oppose efforts that seek to understand the experiences of historically excluded groups. A research focus on women and girls, for instance, may increase the likelihood that they experience backlash or gender-based violence if men, boys, and leaders oppose women's and girls' empowerment. The research team must have relevant skills, appropriately engage the community, and invest in community relationships prior to beginning research to mitigate potential harms.

Research should follow ethical guidelines and only proceed if it is of minimal risk, defined as, "the probability and magnitude of harm or discomfort anticipated... are not greater... than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests."<sup>15</sup> GAP analysis research protocols must be designed to avoid and mitigate potential harm to research participants and staff. The findings of a GAP analysis should be used to monitor activity design and anticipate and mitigate potential risks and unintended negative consequences, like stigmatisation or GBV, which may arise during programme implementation. Using an intersectional approach and considering how a proposed initiative may adversely affect different groups are also important to mitigate risk and harm.

If the collection of primary data on sensitive topics puts any person engaging in the research activities at risk, it should be avoided. For example, data on women's and girls' experience of violence in the community should only be collected if the data can be gathered in safe and ethical ways and will inform activities and be accompanied by the provision of or referral to GBV services.<sup>16</sup> GBV data already exist in many contexts so duplicating this research may create unnecessary risks for women and girls. We can often use existing data and collaborate with partners and organisations of particular groups (e.g., child or youth-led groups, feminist and women's organisations, organisations of people with disabilities, etc.) to better understand the realities they face and work together to ensure that we do no harm.



# GUIDING PRINCIPLES

## Remain Self-Reflective and Open to Change

Our social positions shape our privileges, disadvantages, power, and status, and influence how we perceive the world and how others perceive and treat us. While conducting the analysis, it is critical for researchers to assume a learning posture and to aim to understand the worldview of participants. We can strengthen our research and programming by reflecting on how our own power, status, and experiences shape our perceptions and the way we interact with research partners and participants. By acknowledging our own biases and openly considering how they may shape the research process, we can prevent the perpetuation of biased data and discriminatory ideas. In addition to being reflective throughout the research process, it is critical to have diverse teams to ensure multiple viewpoints are considered and analysis and findings are robust.

### Examples of actions researchers can take to facilitate more equitable research processes include:

- Have members of the research team intentionally reflect on and acknowledge their individual values, beliefs, and characteristics and how they are shaped by their gender, sexual orientation, ethnicity, race, socio-economic status, and other power differentials.
- Check how the team's values align with those promoted by SC and ensure that the research process reflects the organisation's values and mission.
- Acknowledge how our individual values, beliefs, and characteristics may shape the research design, data collection, interpretation, and ultimately, the belief in the truthfulness of research.
- Form mutually beneficial partnerships with local groups (e.g., feminist organisations and women, youth, and child-led groups), work with them as co-researchers, and ensure that the perspectives of people from these groups inform all research processes.
- Use feminist, inclusive, and child-centred methodologies.
- Create accessible and inclusive feedback mechanisms for research participants.

# GUIDING PRINCIPLES

## Uphold Children's Rights

SC has a long-standing commitment to the advancement of children's rights—for every child, everywhere—in both emergency and development contexts. The UN Convention on the Rights of the Child (CRC) is at the very heart of our organisational mandate. We aim to fulfil the rights articulated in the UNCRC and, if necessary, put pressure on states to establish systems to make children's rights a reality. SC's GAP analysis is firmly rooted in our commitment to ethical research and a rights-based approach. It identifies and addresses the systemic, underlying, and structural realities that enable or hinder children in exercising their rights. As a result, GAP analysis contributes to tangible improvements that matter—for the children most impacted by inequality and discrimination.

## Commit to Social Justice

To build a just society—one that is fair and equitable—we must embody and practice the principles of social justice. GAP analysis research prioritises participants' safety, well-being, and desires over the study objectives. SC staff and partners must treat research participants fairly and equitably. Ethical approaches that prioritise the welfare of research participants help to ensure that respondents, including children, can exercise their autonomy and preserve their dignity.

GAP analysis research must also allow for fair and equitable participation of staff and participants at every phase. Those leading, designing, and conducting a GAP analysis should acknowledge and value the knowledge and experience of everyone on the research team and that of research participants and communities. Building equitable partnerships with communities before the start of research and co-developing research with participants, including children, in a participatory manner is an ideal way to share power and ensure research builds on their knowledge and reflects their interests. People in communities are experts of their own experience and have important knowledge about gender and social inequalities.

To ensure we meet the principle of justice, promoting inclusivity and accessibility is critical. For example, while designing the research methods we need to confirm that groups who experience inequality, like children with disabilities, can meaningfully participate. We need to provide accommodations and plan for their inclusion. Finally, a commitment to social justice requires that GAP analysis processes are transparent and that researchers are accountable to participants. Findings should benefit research participants and communities and inform programming for positive social change.

# POWER DIFFERENTIALS








## Power Differentials

This section provides a conceptual background on the seven power differentials outlined in the guidance. Power differentials are social categorisations or markers that identify varying degrees of power and status between individuals and groups. The power differentials explained and highlighted throughout the GAP Analysis Guidance are gender; age; sexual orientation; disability; race, ethnicity, caste, and indigeneity; socio-economic status; nationality; and migratory, internally displaced, and refugee status. An intersectional lens applied across power differentials helps us examine how overlapping inequalities shape people’s experiences, social status, and identities. Many power differentials and systems of oppression exist. Additional power differentials that may be considered in a GAP analysis include religion, marital status, health status (e.g., HIV status, pregnant or lactating), geographic location, and education. **Consequently, a GAP analysis should be tailored and should investigate the forms of inequality that are significant in each context and to each programme or advocacy initiative.**

The power differentials discussed in this guide are relevant across the countries in which SC operates. They provide staff and partners with a foundation to understand how power differentials and accompanying systems of oppression operate.

**Note:** An intersectional lens should be applied across these power differentials to examine how overlapping forms of oppression and people’s intersecting identities shape their experiences and social status.

**Figure 3: Power Differentials and Primary Systems of Oppression**

POWER DIFFERENTIALS		SYSTEMS OF OPPRESSION	
	<b>Gender</b>		<b>Sexism, Transphobia, Patriarchy</b>
	<b>Age</b>		<b>Ageism</b>
	<b>Sexual Orientation</b>		<b>Heteronormativity, Homophobia, Biphobia</b>
	<b>Socio-economic Status</b>		<b>Classism</b>
	<b>Disability</b>		<b>Ableism</b>
	<b>Race, Ethnicity, Caste, Indigeneity</b>		<b>Racism, Xenophobia, Colourism</b>
	<b>Nationality and Migrant, Refugee, &amp; Internally Displaced Status</b>		<b>Racism, Xenophobia, Lack of Legal Status</b>

See [Annex One](#) for in-depth explanations of each power differential.

# POWER DIFFERENTIALS

## Power Differentials: Things to Keep in Mind

- Types of inequality and discrimination can be implicit or explicit and experienced in all aspects of life—in economic, political, legal, and cultural spheres.
- Violence, inequality, discrimination, and exclusion based on power differentials can be interpersonal (between people) and/or institutional (within systems, organisations, and policies).
- inequality and discrimination can range from micro-aggressions, offensive jokes, and name calling to denial of essential resources, rights, and/or violence.
- Violence, discrimination, inequality, and exclusion can be based on real or perceived differences or identities. Individuals can experience discrimination if others think they are members of a certain group even if they do not self-identify with the group.
- Privilege or disadvantage based on any power differential is not determined by the number of people in a group or population. Sometimes groups with less social power can constitute a majority of the population (e.g., women, as a group, have less social power than men although they constitute a majority of the population in many countries).
- Members of groups with less social power are often excluded and unable to benefit equally from development funding when projects are not designed with them in mind. Projects can fail to address barriers to access, include accommodations, or mitigate potential harms.
- Equity or fairness is necessary to achieve gender equality and social justice. In order to overcome historic and systemic disadvantages, programming may need to treat people differently or make accommodations to enable their equitable participation, access, and benefit.
- Members of any group (e.g., an ethnic group, persons with disabilities, etc.) are not all the same (i.e., homogenous). Individuals within all groups have varied experiences, multiple identities, and different degrees of power and privilege. It is always necessary to use an intersectional approach and consider the local context.
- Any one characteristic does not define a person and should not be assumed to be their most important identity or status.
- Language that puts people first (e.g., persons with disabilities, children who experience discrimination, etc.) is preferable as it highlights people's humanity and recognises that they have numerous characteristics.

# DOMAINS OF GAP ANALYSIS

The following domains<sup>17</sup> are used in a GAP analysis to examine key gaps, risks, and barriers that limit gender equality and social justice in different arenas of life. They also help to identify groups' experiences of power and privilege or lack thereof as well as drivers of positive social change. Asking questions relevant to each domain helps to ensure that a GAP analysis examines all potential areas where inequality and discrimination exist and are reproduced.

It is also important for staff and partners to investigate how intersecting power differentials and systems of oppression operate within each domain. The descriptions and questions in this section provide guidance on how to integrate power differentials and address each level of the socio-ecological model when using the domains of analysis.

**Figure 4: Domains of Analysis**



# DOMAINS OF GAP ANALYSIS



## Laws, Policies, Regulations, and Institutional Practices

### Key Questions:

- To what extent do laws, policies, regulations, and institutional practices promote gender equality and equal protections?
- Do laws, policies, regulations, and institutional practices have explicit or inexplicit biases?
- Are there any secondary or unintentional consequences of existing policies and practices on various groups (consider intersecting power differentials e.g., gender, age, and disability)?
- To what extent are laws, regulations, and policies implemented?
- Are there any gaps in legislation? If so, what are the impacts? On whom?
- What protections exist? For whom?
- What, if any, changes have there been to laws, policies, regulations, and institutional practices? How do these changes affect who has power?

- Laws, Policies, Regulations, and Institutional Practices (including formal and informal/customary systems and practices) create, reinforce, or challenge gender and social inequalities.

A GAP analysis should examine laws, policies, regulations, and institutional practices to determine if direct or indirect biases exist, how they may reproduce inequitable power relations, and how they impact different populations. For example, the domain covers the right, or lack thereof, to inheritance, participation, employment, legal status, and appropriate protections from and sentencing for gender-based violence.

# DOMAINS OF GAP ANALYSIS



## Social Norms, Beliefs, and Practices

### Key Questions:

- What norms, beliefs, and practices are widely accepted or shunned in this setting? Are they related to intersecting power differentials like gender, sexual orientation, race, ethnicity, caste, or indigeneity?
- What gender and social inequalities do common norms, beliefs, and practices uphold? How do they shape who has power or privilege?
- To what extent are social norms and beliefs upheld by community and societal institutions (e.g., schools, health systems, and governance structures)?
- Who promotes popular beliefs, norms, or practices? Who is most impacted?
- What are the consequences of violating social norms for different groups?

- Social norms are the informal rules that outline acceptable and appropriate behaviours within a group or setting. As a set of social expectations, social norms are shared and reinforced through social sanctions (e.g., verbal reprimands and social stigma) or rewards (e.g., social inclusion and access to resources).
- They can change over time and vary across settings.
- Social norms and beliefs influence behaviour and shape social interactions, structures, and power dynamics. They also influence how people interpret information and the world around them.
- Unequal gender and social norms and beliefs reinforce and are shaped by unequal systems (economic, political, legal, and cultural systems). People in positions of power—power-holders—may enforce social norms that maintain their power and privilege.

Inequitable gender and social norms, beliefs, and practices should be explicitly identified in a GAP analysis. Examining norms such as those around the acceptable age of marriage and examining beliefs related to rights violations and/or harmful practices such as corporal punishment is a critical step to challenging harmful and inequitable behaviours and practices.<sup>18</sup>

# DOMAINS OF GAP ANALYSIS



## Roles, Responsibilities, and Time Use

### Key Questions:

- What roles and responsibilities do different groups have at home, work, in the community, and within institutions? Do these roles vary based on people's gender, socio-economic status, nationality, or other power differentials?
- How do roles shape who lacks or has agency and power at home, in the community, and in society?
- Who assigns roles and responsibilities? To what extent can people change or determine their own roles and duties?
- How do responsibilities shape how people use their time? How do they affect who can participate in and benefit from project activities?

- Gender and other power differentials shape how roles and responsibilities are allocated and adopted by people in every arena from informal housework to paid labour.

A GAP analysis examines individuals' and group's roles, responsibilities, and time use during paid work, unpaid work, leisure time, and community service. Research findings help to provide an accurate portrait of inequalities inside and outside the household.



## Patterns of Decision-Making

### Key Questions:

- What barriers prevent or drivers help people make decisions about their own body, health (including sexual and reproductive health), and activities (e.g., education, political participation, etc.)?
- Who has power to influence household decisions such as household spending? How are decisions made (e.g., is there joint/shared decision-making between spouses)? To what extent can children influence household decision-making?
- How are leaders selected within the community and governance structures? How do intersecting systems of oppression shape who has the power to influence decision-making?

- This domain considers people's ability to make decisions freely, exercise power over their bodies, control and influence others, and make or influence economic, educational, health, and political decisions within the family, community, and society.

Trends in how people make decisions at different levels of the socio-ecological model are outlined in a GAP analysis. This examination helps to reveal who has or lacks power, agency, and status and what systems of oppression maintain gender and social inequalities.



# DOMAINS OF GAP ANALYSIS



## Access to and Control over Resources

### Key Questions:

- How are resources distributed within the family, community, and/or society?
- How does access, use, and control of resources vary based on intersecting power differentials, like gender, nationality, and migrant or refugee status?
- What inhibits or promotes access to resources? Who manages or controls access to resources? How do social institutions and practices shape access?
- What risks and harms occur from a lack of access, use, and control over resources? Who suffers or is harmed the most?
- How does access to, use of, and control over resources shape people's experiences of gender and social inequality, agency, power, and privilege?

- This domain considers the degree to which people can access, use, and/or control the resources—assets, education, income, social benefits, health, technology, and information—necessary to survive and to participate fully in society.
- Access is the opportunity to make use of a resource while control is the power to determine if, how, and when a resource is used and who can obtain it.
- Access to resources does not ensure equitable use, so it is important to investigate how and why usage of resources may vary across groups and circumstances (e.g., among household members).



## Safety, Dignity, and Well-Being

### Key Questions:

- To what extent do people experience rights violations or threats? What types? How are intersecting systems of oppression related to these violations? What populations are most affected?
- What systems of oppression perpetuate and normalize unequal power relations? Who perpetuates rights violations? What are the consequences of these harms for particular groups?
- How do governments, civil society organizations, communities, and others seek to prevent and respond to rights violations?
- Are there services or protection and support mechanisms in place (e.g., welfare systems, child protection systems, GBV services, etc.)? How effective are these systems?

- This domain considers how rights violations, including discrimination, inequality, exclusion, and violence (including GBV) affect people's lives.
- Safety ensures freedom from harm and violence and includes physical and psychological safety.
- People's ability to live with dignity and be respected within their families, communities, and societies is critical to ensure they live healthy and fulfilling lives.

Under this domain, a GAP analysis investigates the people, systems, policies, and institutions, which enable interpersonal and systemic rights violations. It also examines the means by which a country and existing power structures prevent and address such violence.

## PART TWO

# ENDNOTES:

<sup>1</sup> For example, the Harvard Analytical Framework, Moser Gender Analysis Framework, USAID's Gender Analysis Requirements in ADS 205, Transforming Agency, Access, and Power (TAAP) Toolkit, and Jphiego's Gender Analysis Toolkit for Health Systems.

<sup>2</sup> UN Women. [Facts and figures: Ending Violence against Women](#).

<sup>3</sup> UN Women. (2021). [COVID-19, Gender, and Disability Checklist: Preventing and Addressing Gender-Based Violence against Women, Girls, and Gender Non-conforming Persons with Disabilities during the COVID-19 Pandemic](#).

<sup>4</sup> Girls Not Brides. [About Child Marriage](#).

<sup>5</sup> UNODC. (2018). [Global Report on Trafficking in Persons 2018](#).

<sup>6</sup> UNICEF. [Girl's Education](#).

<sup>7</sup> UN DESA. [Leaving No One behind: The COVID-19 Crisis through the Disability and Gender Lens](#)

<sup>8</sup> World Economic Forum. (2021). [Gender Gap Report](#).

<sup>9</sup> See [Part 3 - The HOW: Ten Steps of GAP Analysis](#), for additional information on feminist, inclusive, and age-appropriate methodologies.

<sup>10</sup> For additional discussion, see [Annex 1 - Power Differentials: Age: Primary System of Discrimination is Ageism](#).

<sup>11</sup> Qvortrup, J. (1987). "Introduction: The sociology of childhood." *International Journal of Sociology*, 17(3), 3-37.

<sup>12</sup> Related SC publications include [Child Sensitivity in Poverty Alleviation Programming: An Analytical Toolkit \(2017\)](#) and Child Rights Situation Analysis Guidelines (internal document).

<sup>13</sup> Lorde, Audre. (1982). "Learning from the '60's."

<sup>14</sup> Crenshaw, K. (1991). "Mapping the margins: intersectionality, identity politics, and violence against women of color," *Stanford Law Review*, 43(6), 1241-99.

<sup>15</sup> US Department of Health and Human Services. (2007). "Protection of Human Subjects," *45 Code of Federal Regulations, part 46*.

<sup>16</sup> See [Annex 3 - The RESOURCES](#) for references on researching GBV.

<sup>17</sup> Modified from the Transforming Agency, Access, and Power (TAAP) Toolkit and USAID's Suggested Approaches for Integrating Inclusive Development across the Program Cycle and in Mission Operations: Additional Help for ADS 201.

<sup>18</sup> Institute for Reproductive Health. (2021). [Social Norms Atlas: Understanding Global Social Norms and Related Concepts](#).

## PART THREE

# THE HOW:

### Ten Steps of GAP Analysis



## PART THREE

# THE HOW:

## Ten Steps of GAP Analysis

### Overview

This section outlines the ten steps of conducting a GAP Analysis and reviews feminist, child-centred, and inclusive methodologies. The information provides SC staff and partners with practical ways to apply the guiding principles, concepts, and frameworks outlined in [Part 2](#).

The ten steps of a GAP Analysis will feel familiar to those who are used to carrying out monitoring, evaluation, research, and learning exercises. Essentially, this guidance supports us to conduct research that enables higher quality programming that is better equipped to positively transform inequality and discrimination. By addressing the drivers of child rights violations around the world, we can accelerate progress toward achieving our Breakthroughs.

Traditional research can be an extractive and disempowering process that does not meaningfully engage community members and key stakeholders. Additionally, researchers often rely on common methods, like surveys, interviews, and focus groups, without using participatory approaches or acknowledging unequal power dynamics that bias study findings. A GAP analysis offers us an alternative way to approach research and is designed to prioritise meaningful participation, equality, and social justice from the earliest stages.

**It is ideal to engage and partner with community and project participants early in the research design process.<sup>1</sup> This engagement can take many forms, including:**

- Child-led or youth-led research: where children determine the research focus and methodology. The GAP Analysis Team can act as facilitators in the process, bringing any required research and technical expertise.
- Participatory action research: it supports co-learning and co-liberation between SC staff, partners, and communities through collaborative identification and examination of gender and social inequalities, group and self-reflection, and action for social justice.
- Collaborative research: the GAP Analysis Team partners with priority groups (e.g., children, women's groups) to plan and conduct the research.
- Consultative research: the GAP Analysis Team seeks out the perspectives of a diverse group of stakeholders at all or particular stages of the research process (e.g., by having a youth or community advisory group give feedback on the methods).

**Meaningful engagement of diverse groups of community members aligns with feminist principles and has many benefits. It can help to:**

- Generate community interest and support for the research and ensure it addresses the most pressing gender and social inequalities in a setting.
- Facilitate co-learning and co-liberation among researchers and participants and prioritise knowledge from those who experience the most inequality and discrimination.
- Shift power to community members and support their skills development and empowerment. Methods themselves can be gender-transformative and participatory approaches can help to decolonise research and programming.
- Mitigate potential backlash, including against girls, women, and other groups who may be targeted due to their research participation.
- Build rapport, trust, and mutually beneficial partnerships with communities.

# TEN STEPS OF GAP ANALYSIS

Figure 5: 10 Steps of GAP Analysis



# TEN STEPS OF GAP ANALYSIS

## Timeframe

The timeframe for a **GAP analysis** will vary based on several factors, including the budget, scope of research, number of research questions, methods, length of the ethics review process, and the number of research sites, researchers/enumerators, and research participants. The guidance provides illustrative timeline estimates for a standard and rapid analysis. These timeframes are examples to assist with planning and determining resources that will be required.

**Tip:** For a rapid GAP Analysis, you will need to ensure the research scope aligns with existing time constraints and adjust research questions and methods accordingly. SC staff and partners often conduct a rapid analysis during a project's identification/proposal phase and then follow up with a standard GAP Analysis to fill remaining knowledge gaps during project start-up. You can use a variety of strategies to shift from a full or standard analysis to a rapid analysis, including:

- Skip the literature review or use an existing literature review.
- Reduce the number of research questions and subquestions.
- Incorporate GAP analysis questions into another research process (e.g., project baseline, midterm, assessment, or evaluation). This step saves time as a separate research team, scope of work, and ethics review are not necessary.
- Use existing and pretested research tools (e.g., interview questions or survey questions).
- Synthesize findings in a presentation or briefs rather than writing a full GAP analysis report.

## GAP Analysis Approximate Timeframe:

- Standard analysis: 4.5 – 13 weeks
  - Rapid analysis: 2.5 – 6.5 weeks
- (excluding time for the ethics review)



**Table 1: GAP Analysis Steps, Tools, and Timeframes**

	STEPS	APPROXIMATE TIMEFRAME	TOOLS
1	Form and Train GAP Analysis Team	<ul style="list-style-type: none"> <li>• Standard analysis: 1-3 days</li> <li>• Rapid analysis: 1-2 days</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 1: <a href="#">GAP Analysis Scope of Work Template</a></li> <li>• Tool 2: <a href="#">Sample GAP Analysis Consultant Scope of Work</a></li> <li>• Tool 3: <a href="#">GAP Analysis Budget Templates</a></li> </ul>
2	Conduct Initial Literature Review for Context	<ul style="list-style-type: none"> <li>• Standard analysis: 5-10 days</li> <li>• Rapid analysis: 1-5 days</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 4: <a href="#">Literature Review Worksheet</a></li> <li>• Tool 5: <a href="#">GAP Data Sheet Template</a></li> </ul>
3	Design Research Protocol	<ul style="list-style-type: none"> <li>• Standard analysis: 3-10 days (design and approval)</li> <li>• Rapid analysis: 1-3 days (design and approval)</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 6: <a href="#">Sample Research Protocol Template</a></li> </ul>
3.1	Finalise Research Questions	<ul style="list-style-type: none"> <li>• During research protocol design process</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 7: <a href="#">Sample GAP Analysis Questions Template</a></li> </ul>
3.2	Determine Data Collection Methods and Tools	<ul style="list-style-type: none"> <li>• During research protocol design process</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 8: <a href="#">Description of Key Data Collection Methods</a></li> <li>• Tool 9: <a href="#">Key Research Questions and Methods Template</a></li> <li>• Tool 10: <a href="#">Security and Mobility Mapping Activity</a></li> <li>• Tool 11: <a href="#">Gender Equality Program Guidance and Toolkit (pages 93 – 121)</a></li> <li>• Tool 12: <a href="#">Social Norms Exploratory Tool</a></li> <li>• Tool 13: <a href="#">A Kit of Tools for Participatory Research and Evaluation with Children</a></li> </ul>
3.3	Identify Risks and Ethical Considerations	<ul style="list-style-type: none"> <li>• During research protocol design process</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 14: <a href="#">Risk Assessments for Child Participation and Data Collection from Children (internal SC document)</a></li> </ul>
4	Develop Referral and Reporting Protocols	<ul style="list-style-type: none"> <li>• Standard analysis: 2-5 days</li> <li>• Rapid analysis: 1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 15: <a href="#">Referral and Reporting Protocols Template</a></li> </ul>

**Table 1: GAP Analysis Steps, Tools, and Timeframes**

	STEPS	APPROXIMATE TIMEFRAME	TOOLS
5	Complete Ethics Review <sup>2</sup>	<ul style="list-style-type: none"> <li>• Standard analysis: approximately 14 days for SC internal review<sup>3</sup></li> <li>• Rapid analysis: approximately 14 days for SC internal review</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 16: <a href="#">Sample Assent Form for Research with Children</a></li> </ul>
6	Collect Data (including pretesting research tools and data collector training)	<ul style="list-style-type: none"> <li>• Standard analysis: 2-10 days</li> <li>• Rapid analysis: 2-5</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 17: <a href="#">Community Organisation Mapping Template</a></li> </ul>
7	Analyse Data	<ul style="list-style-type: none"> <li>• Standard analysis: 5-10 days</li> <li>• Rapid analysis: 3-8 days</li> </ul>	<ul style="list-style-type: none"> <li>• Tool 18: <a href="#">Data Analysis Template</a></li> </ul>
7.1	Conduct Second Literature Review	<ul style="list-style-type: none"> <li>• During data analysis process</li> </ul>	
8	Hold Validation Session(s)	<ul style="list-style-type: none"> <li>• Standard analysis: 1-2 days</li> <li>• Rapid analysis: 1 day</li> </ul>	
9	Write up Report/Presentation	<ul style="list-style-type: none"> <li>• Standard analysis: 3-5 days</li> <li>• Rapid analysis: 2-3 days</li> </ul>	
10	Carry Out Action Planning	<ul style="list-style-type: none"> <li>• Standard analysis: 1-2 days</li> <li>• Rapid analysis: 1 day</li> </ul>	
10.1	Hold Action Planning Workshop for GAP Strategy Development	<ul style="list-style-type: none"> <li>• During action planning</li> </ul>	
10.2	Write GAP Strategy	<ul style="list-style-type: none"> <li>• During action planning</li> </ul>	



## TEN STEPS OF GAP ANALYSIS: STEP 1

# FORM AND TRAIN GAP ANALYSIS TEAM

**Tool 1:** [GAP Analysis Scope of Work Template](#)

**Tool 2:** [Sample GAP Analysis Consultant Scope of Work](#)

**Tool 3:** [GAP Analysis Budget Templates](#)

**The Project or GAP Analysis Lead should:**

1. Assemble the GAP Analysis Team.
2. Develop a scope of work (see Tool 1).
3. Build a budget (see Tool 3).
4. Ensure training of the GAP Analysis Team.

It is ideal for SC staff to lead and conduct a GAP analysis as it increases staff knowledge of gender and social inequalities and enhances the likelihood that staff will apply the findings and recommendations in project design and implementation. Of course, the team can request additional support if required (due to lack of technical staff, a restricted timeline, etc.), via the SC Technical Expertise (TE) platform and/or an external consultant.

Depending on the scope of a **GAP Analysis**, consider including the following team members:

### Required

- Gender Equality Technical Advisor (TA) (project or country/regional/member office advisor or a consultant)
- Project Research, Evidence, Accountability, Monitoring, and Learning (REALM) Specialist/staff

### Recommended

- Technical Advisors (depending on the project – e.g., child/youth, disability, thematic/sector-specific advisors, etc.)
- Community members, including members of women’s organisations and youth/child-led organisations<sup>4</sup>
- Women and men data collectors (for a gender-balanced team)
- Data collectors familiar with the local language and culture and from the same or similar region, religion, or ethnicity as the project community/population

### Additional personnel (as needed)

- Translators and interpreters for data collection and/or transcription

## TEN STEPS OF GAP ANALYSIS: STEP 1

# FORM AND TRAIN GAP ANALYSIS TEAM

**Applying feminist, inclusive, and child-centred methodologies when building the GAP Analysis Team means:**

- Reflecting on who research participants may be most comfortable speaking to. Adolescents and youth, for example, may feel most comfortable speaking with peers. If the methodology includes focus groups, gender-separate groups will likely be needed, requiring women and men as facilitators and possibly people with non-binary gender identities.
- Ensuring a variety of perspectives are included on the team. Consider the team's:
  - Gender composition
  - Composition in terms of other significant power differentials such as socio-economic status, race, ethnicity, and religion
  - Language skills
  - Knowledge of local culture, area, and the participant population
- Working with local data collectors who are members of the community or groups you are aiming to reach or those who have access to and experience working with the identified stakeholders. This helps to ensure the team members have appropriate skills, local knowledge, and cultural sensitivity and awareness, which, when coupled with training (see below), supports a safe and effective GAP analysis process.
- Determining when hiring local data collectors will help to address differential power dynamics. Keep in mind that respondents may be less willing to share sensitive information with people from their community due to privacy concerns.
- Establishing relationships with local groups and networks such as disability rights groups, women's groups, child/youth groups, and LGBTQI+ rights organisations. They can help to identify and recruit a diverse pool of researchers and data collectors for a GAP analysis.

Once formed, the team should review the GAP analysis scope that outlines members' roles, tasks, and timelines. If consultants (including the Gender Equality Advisor/Specialist and data collectors) are needed, they should be recruited at this stage and their scope of work should be finalised (see Tool 2).

### **GAP Analysis Team Trainings**

All staff must complete mandatory SC trainings.

#### **Required**

- SC Child Safeguarding Training
- SC online Gender Equality Training

#### **Recommended**

- SC in-person/extended virtual Gender Equality Training. See [SC's Gender Equality Facilitator Package](#) (internal SC documents), which includes PowerPoint slides and facilitator instructions for a training.
- REALM Training (on informed consent, confidentiality, data security, the project reporting and referral protocol, child participation, child-friendly communication, and participatory tools)
- [Responsible Data Management Training](#) (internal SC training)
- [Remote Data Collection](#) (internal SC training)

### **Resource Spotlight: Data Collection Guidance**

For individual and organisational reflection exercises to use with the GAP Analysis Team, see the [Transforming Agency, Access, and Power \(TAAP\) Toolkit](#) pages 48 – 70.

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

**Tool 4:** [Literature Review Worksheet](#)

**Tool 5:** [GAP Data Sheet Template](#)

Before designing the research methodology, conduct an initial review of relevant and existing information (also known as a secondary data review). It should include qualitative and quantitative data. The objectives of this literature review are to:

- Determine or gather additional information about the participant population, identified community, and project themes/sector(s) **using an intersectional approach.**
- Identify and fill context-specific knowledge gaps on gender and social inequalities. This step helps to avoid unnecessary primary data collection during a GAP analysis. Gathering new data can be costly and burden communities and participants with whom we work.

**A literature review includes a review of the:**

- Project/initiative and partner landscape
- Thematic areas and systems
- Demographic data and trends
- Policy landscape

Organising the literature review based on the relevant domains of analysis helps staff and partners complete a comprehensive review. Tool 4 is useful to organise data by the domains of analysis, note questions, identify information gaps, and record implications for the research methodology. Don't forget to examine relevant power differentials and systems of oppression throughout the review.

### Domains of Analysis



1. Social norms, beliefs, and practices



2. Laws, policies, regulations, and institutional practices



3. Roles, responsibilities, and time use



4. Patterns of decision-making



5. Access to and control over resources



6. Safety, dignity, and wellbeing

**(For more information on the Domains of Analysis, see [Part 2](#))**

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

### How to Select Power Differentials

Staff need to determine an initial scope for the literature review, including which power differentials to investigate.

Outline a clear rationale for the selection of power differentials to avoid making assumptions that can skew or bias the research.

- Identify the power differentials noted in the proposal or project documents.
- Consider the most common forms of harm and which groups experience the most inequality.

### Project and Partner Landscape

Reviewing partner projects and resulting analyses and reports can provide information on the local context and help to identify gaps which a new project/initiative can focus on.

The GAP Analysis Team also needs to understand the project's current plans (if any exist) to address unequal gender and power relations. This review helps to:

- Identify gaps and primary data needed
- Tailor the GAP analysis recommendations to specific project activities
- Note any changes needed to the initiative's theory of change
- Identify revision areas for project management documents
- Prepare for action planning sessions with project staff



## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

You can request relevant documents from project staff, including the project manager or gender staff. These documents can include the following:

- Requests for Applications (RFAs) or funding requests
- Proposal/donor gender analysis guidance
- Child Rights Situational Analyses
- Country Strategic Plans
- Completed Gender Equality Markers
- Project proposals or descriptions of project activities
- Project work plans
- Project monitoring and evaluation plans
- Project annual reports
- Country-level or previous projects' gender analyses, gender assessments, gender audits, gender equality strategies, gender evaluations
- Other gender and power project research
- Project sector-based research reports (such as social and behaviour change analyses, market research analyses, etc.)

### What are you looking for when you review project and partner documents?

- What gender equality and social justice goals/outcomes are the project and/or initiative seeking to achieve? If none are listed, what gender equality and social justice issues need to be addressed to achieve the project outcomes?
- Who is the participant population? Have any minoritised groups within the population (e.g., girls with disabilities, girls and boys who are out of school, married girls, older women, etc.) been overlooked? How would their absence affect the initiative's ability to achieve its objectives and outcomes?
- How has the project recognised and addressed gender inequalities and other barriers related to gender; age; sexual orientation; race, ethnicity, caste, and indigeneity; socio-economic status; disability; nationality; and migratory, internally displaced, and refugee status? To what extent has the project identified and addressed barriers, risks, and opportunities for priority groups? What accommodations are needed to support their equitable and meaningful participation and leadership in project activities?
- What steps is the initiative taking to ensure equitable access to, participation in, power over, and benefit from activities? Are revisions or new activities needed to ensure the project does not cause harm or have unintended negative consequences, particularly regarding gender-based violence?
- In what ways is the project addressing potential backlash and gender-based violence in communities? What opportunities may exist to prevent and respond to backlash and gender-based violence?

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

### Thematic Areas and Systems

Third party research and reports typically provide more qualitative information and contextual analysis on thematic areas (including Child Poverty, Health and Nutrition, Education, Child Protection, and Child Rights Governance) and social systems (such as education, health, legal, and political systems). These articles and reports enable a deeper understanding of the root issues and complexities associated with particular forms of gender and power inequalities. They can also help identify specific areas of concern to address in the research design protocol. The research may reveal potential gaps in the project's theory of change or barriers and risks that can endanger or further marginalise project participants and keep them from fully accessing and benefiting from project activities.

The thematic focus of the analysis will determine the use of third party research and reports which most often can be found online through a simple keyword search or based on recommendations from project staff. This research can include:

- Shadow reports submitted by national coalitions
- Child-led reports (supported by SC) to the [Convention on the Rights of the Child](#), [Convention on the Elimination of all forms of Discrimination Against Women \(CEDAW\)](#); [the International Convention on the Elimination of All Forms of Racial Discrimination \(ICERD\)](#); [the Convention on the Rights of Persons with Disabilities \(CRPD\)](#); [the Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#); [the African Charter on the Rights and Welfare of the Child \(ACRWC\)](#); and other regional normative frameworks
- Concluding observations issued by committees of the rights instruments listed above
- [Global Gender Gap Index](#)
- [Universal Period Review \(UPR\) Reports to the United Nations Human Rights Council](#)
- [SDG voluntary national reports \(VNR\)](#) and civil society spotlight reports
- [National Human Rights Institution \(NHRI\) Reports](#)
- [UNESCO Global Education Monitoring Report](#)
- [UNDP Human Development Reports](#)
- National legislative reviews addressing gender and rights and principles of non-discrimination, equality, and inclusion
- [US Department of State Human Rights Reports](#)
- [US Department of State Trafficking in Persons Report Country Narratives](#)
- Country reports written by national and international NGOs
- Reports by donors and multilateral organisations. (Many donors publish project and country-level gender analyses.)
- Reports/products by child-led groups/organisations/networks
- Statements from our 'speaking out' procedure against violations
- Local and international media reporting
- Academic research papers

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

The following journals provide accessible and high-quality academic literature. You can also do a general key word search using Google Scholar (for those who do not have access to academic institutions and libraries) to identify recent studies.

- [The Lancet](#)
- [Gender & Development](#)
- [Gender & Society](#)
- [Feminist Economics](#)
- [International Feminist Journal of Politics](#)
- [Journal of International Development](#)
- [Community Development Journal](#)
- [Forced Migration Review](#)
- [Third World Quarterly](#)
- [Journal of Gender Studies](#)
- [Child Indicators Research: The Official Journal of the International Society for Child Indicators](#)
- [Institute of Development Studies \(IDS\) Bulletin](#)
- [Washington Group](#) (disability focused)



### Tip:

You can use **Tool 4: Literature Review Worksheet** to organise the frameworks and theories you think may apply to the research findings. Make sure to consider any recommendations and implications for the project's theory of change and project activities. Also, be mindful that not all the literature you review will have a child-centred or gender-transformative lens. Do not use interpretations that do not align with SC's commitment to gender equality and child well-being and protection.

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

**What are you looking for when you review thematic areas and systems in third party research and reports?**

- How are systems of oppression operationalised and institutionalised at different levels of society (through interpersonal, familial, institutional, and communal relations and public policy, laws, and regulations)?
  - What types of barriers exist to assets, resources, opportunities, and services for individuals and groups that experience discrimination?
  - What national or regional stakeholders are either driving inequality and discrimination or championing equality, diversity, and justice? What are their key messages and motivations?
  - What actions have stakeholders taken to further their agenda? What gaps exist in work that promotes equality, diversity, and justice?
- What unanticipated risks and negative impacts have already been identified in development work with particular population groups?
- What risks of violence, including gender-based violence, do groups face? What data exists on gender-based violence in this context? Which forms of violence are most common and which groups are most at risk? How do intersecting oppressions (based on gender, age, race, ethnicity, disability, education level, socio-economic status, migrant status, etc.) increase the risk of violence and rights violations? How are the government, UN agencies, NGOs, and local actors responding to gender-based violence?





## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

### Demographic Data and Trends

Demographic data can help you identify particular harms and equity gaps across thematic areas and populations. If the data are disaggregated by power differentials, they can highlight the participant populations to include in the GAP analysis and project, as well as some of the biggest gaps the project may want to address. Examining how power differentials intersect can be particularly helpful; for example, finding and comparing graduation rates of adolescent girls with disabilities versus girls without disabilities.

You can organise demographic data in [Tool 5: GAP Data Sheet Template](#). It helps to create a snapshot of information gaps between different populations with available data.



### Tip: Consider Context

Existing data sets offer valuable information but **researchers must always interpret data** – even quantitative data. Knowledge of systems of oppression should inform data analysis. For example, gender-based violence, particularly rape, is underreported for many reasons, including stigma and retaliation against survivors, lack of reporting mechanisms, and poor legal enforcement of laws. Any local or national level data regarding reports of rape should note that actual incidences are likely significantly higher. Contextualising the data by analysing other variables, like existing laws, along with gender and cultural norms, enables a more thorough description of social problems. Situating information in the broader context is important for all topics.

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

High-level demographic and gender-disaggregated data can be found online through multiple sources, including:

- [SC GRID Data](#)
- UNICEF Data – Child Statistics
- UNICEF State of the World’s Children Dashboard
- World Bank EdStats
- Organisation for Economic Cooperation and Development (OECD) Social Institutions and Gender Index
- OECD Online Education Database
- Census data from the country’s national statistics bureau
- Country Demographic and Health Surveys
- [The WomanStats Project](#)
- Time Use Surveys
- Global Partnership for Financial Inclusion
- [ILO Women at Work Trends](#)
- World Bank Gender Data Portal
- No Ceilings: The Full Participation Project
- UN Women: Progress of the World’s Women Report
- Inter-Parliamentary Union: Open Data Portal
- [UN Population Fund Dashboard](#)
- WEF Global Gender Gap Report
- ILO Stat
- [UN Women Global Database on Violence Against Women](#)
- Global Findex Database
- Women’s Empowerment in Agriculture Index
- Women’s Workplace Equality Index
- Global Internal Displacement Database
- UN Global Migration Database
- Disability Data Portal
- [Violence against Children Surveys](#)

**What are you looking for when you review demographic data?**

- Where do differences and gaps exist between different groups in health, education, wealth, and other indicators of well-being?
- How do well-being indicators differ based on various power differentials, by gender, age, location, etc.
- What are the data gaps in existing information?

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

### Policy Landscape

Country-level laws and policies are often available online, but you may need the help of staff in country to access regional or local policy documents (often only available in hard copy).

You should review policies relevant to the project thematic areas/sectors and participant populations. Given their cross-sectoral relevance, policies related to women and girls and all forms of gender-based violence should be reviewed.

### Policy databases and documents you may want to review include:

- [Convention on the Rights of Persons with Disabilities-General comment No. 3 \(2016\) on women and girls with disabilities](#)
- FAO Gender and Land Rights Database
- UN Women Global Gender Equality Constitutional Database
- Women, Business, and the Law Database
- NORMLEX Database on International Labour Standards and National Legislation
- National gender, children's rights, and human rights laws: national non-discrimination laws; national GBV and sexual harassment laws; national family and personal status laws
- Right to organise legislation
- Association law
- National budgets
- Social assistance programmes
- Childcare and early learning policies
- Land right laws and policies
- Tax laws and policies
- Business, trade, and SME growth laws and policies
- Health laws and policies
- Education laws and policies (including inclusive education standards and requirements)
- Economic growth and poverty reduction strategies
- Vocational education and training policies

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

### What are you looking for when you review policy documents?

- To what extent do laws, policies, regulations, and institutional practices promote gender equality and equal power relations? Do they recognise and address the problems experienced by particular groups such as adolescent girls or youth with disabilities? What gaps or biases are evident?
- Are there policies and regulations that result in advantaging certain people or groups and disadvantaging others (e.g., men over women)?
- Do laws or regulations exist that criminalise and/or restrict individuals based on their gender, sexual orientation or behaviour, or other power differentials?
- Do laws exist on non-discrimination, gender equality, gender-based violence (including sexual harassment), and the protection of groups that experience discrimination?
- Does the government have a publicly available system to track public allocations for gender and social equality, women's empowerment, and prevention and response to gender-based violence? If so, how much funding is allocated to these areas?

A review of policy documents can help to identify the ways laws, policies, and regulations may restrict participants' access to, and benefit from, project activities and social goods. It should also prompt reflection on how the project might mitigate and eradicate policy-based barriers to equality and any accompanying risks, either through project activities, like advocacy or community mobilisation.

## TEN STEPS OF GAP ANALYSIS: STEP 2

# CONDUCT INITIAL LITERATURE REVIEW FOR CONTEXT

To apply feminist, child-centred, and inclusive methodologies during the literature review:

- **Look out for bias in resources.** The resources highlighted in this guidance will help you select reliable references.
- **Seek out feminist authors and the work of those most impacted by inequality.** Gender and social inequalities in academic and publication review processes often marginalise feminist perspectives and researchers from historically excluded groups.
- **Privilege local voices, analysis, and information.** Children and adults in communities are the most knowledgeable about their own circumstances and conditions. This approach also helps to decolonise the research process, which typically prioritises Western authors and perspectives.
- **Gather a diverse array of sources to ensure that we engage in self-reflection to challenge our own assumptions of gender and power inequalities.** This practice also helps to identify assumptions in a project/initiative.
- **Disaggregate data by power differentials and use an intersectional lens when analysing information.** The guiding questions in Step 2 help you consider how multiple power differentials shape experiences of inequality and discrimination.



## TEN STEPS OF GAP ANALYSIS: STEP 3

# DESIGN RESEARCH PROTOCOL

**Tool 6:** [Sample Research Protocol Template](#)

**Tool 7:** [Sample GAP Analysis Questions Template](#)

The research protocol document describes the research objectives, questions, and methods. It is submitted to the appropriate ethics review board (see Step 5: Submit Ethics Review) for appraisal prior to data collection.

### Step 3.1: Finalise Research Questions

**Tool 8:** Sample GAP Analysis Questions Template

The Gender Equality advisor/consultant along with REALM staff work together to develop the GAP Analysis research questions. If using child-led or participatory action research, engage key stakeholders at this stage. **THE WHAT: Annex 2** provides examples of thematic/sector-specific research questions that can be adapted. This resource illustrates how to draft thematic-specific questions that are intersectional and cover the domains of analysis as well as each level of the socio-ecological model. **These questions help researchers move beyond just describing the differences between gender groups to examine how gender inequalities operate in a particular context and interact with other social inequalities to shape people's experiences.** Findings from the literature review should inform the research questions so that they address gaps in knowledge and include power differentials that arose as significant.



## TEN STEPS OF GAP ANALYSIS: STEP 3

# DESIGN RESEARCH PROTOCOL

### Step 3.2: Determine Data Collection Methods and Tools

**Tool 8:** [Description of Key Data Collection Methods](#)

**Tool 9:** [Key Research Questions and Methods Table Template](#)

**Tool 10:** [Security and Mobility Mapping Activity](#)

**Tool 11:** [Gender Equality Program Guidance and Toolkit \(pages 93 – 121\)](#)

**Tool 12:** [Social Norms Exploratory Tool](#)

**Tool 13:** [A Kit of Tools for Participatory Research and Evaluation with Children](#)

The tools for Step 3.2 will help you organise your research questions and align them with appropriate data sources, collection methods, analysis methods, and research justifications. A GAP Analysis can use quantitative, qualitative, or mixed methods to collect primary data. Typically, we prioritise qualitative methods because they allow for a deeper understanding of the root causes of inequality.

Participatory methods have the potential to empower children and adults to engage more fully in research. This engagement leads to a greater understanding of their experiences, assets, beliefs, and opinions.

Participatory methods in interviews and focus groups engage participants and help to equalise the researcher-participant relationship. When making decisions about methods, consider what might make individuals more comfortable and willing to share openly and honestly. For some people, individual interviews may increase their comfort level while others may find gender-separate focus groups to be more productive.

#### Resource Spotlight: Data Collection Guidance

- [Accountability to Children and Communities Toolkit \(internal SC documents\)](#)
- [The Nine Basic Requirements for Meaningful and Safe Child Participation \(internal SC documents\)](#)
- [Youth Voices: Participatory Action Research with Adolescents](#)
- [Participative Ranking Methodology: A Brief Guide](#)
- [Tools Together Now!](#)

## TEN STEPS OF GAP ANALYSIS: STEP 3

# DESIGN RESEARCH PROTOCOL

### Resource Spotlight: Child-led Data Collection

Save the Children's [Child-Led Data Collection: A guide for young people to learn how to do research and create positive change](#) supports young people and adults/organisations to better understand 'child-led data collection' and the important role young people play in collecting information about their lives and telling others about their realities.

[Working Together: Including Children in Research on Violence against Children](#). The guidance helps researchers find information on: child participation in research; ethical guidance; how to include children most impacted by inequalities and discrimination; mitigating risks; and working in challenging situations.

### Resource Spotlight: Remote Data Collection Methods

- [Save the Children, Digital Safeguarding for Migrating and Displaced Children](#)
- [Save the Children, Tipsheet: Remote and Digital Data Collection & COVID-19](#)
- CitiProgram, Mobile Apps and Human Subjects Research
- [Applying the 9 Basic Requirements for Meaningful and Ethical Child Participation during COVID-19](#)
- [Best Practices for Conducting Phone Surveys](#)
- [Using WhatsApp for Focus Group Discussions](#)





## TEN STEPS OF GAP ANALYSIS: STEP 3

# DESIGN RESEARCH PROTOCOL

It is important to consider the accessibility, accommodation, and communication needs of the participant population. At a minimum consult, with different groups of potential research participants to understand times and locations that are convenient to collect data and hold interviews and focus groups. [See Step 6 for additional information on feminist, child-centred, and inclusive research methodologies.](#)

After determining the methods best suited in the context to answer the research questions, you will need to develop the data collection tools. At this point, research questions will need to be dissected and additional questions developed for each of the tools (e.g., interview and focus group guides, survey questions, etc.; see [Annex 2: The WHAT: Thematic Research Questions](#) for examples of questions that can be modified for inclusion in the data collection tools). Plan enough time and resources for translation and testing of the data tools.

**Tip:** Participatory methods require strong facilitation skills to engage all participants appropriately and to collect information about inequalities and discrimination. Participatory tools might lead a facilitator to unwittingly exclude participants' points of view if adequate measures are not in place to ensure all participants feel comfortable and can actively participate. Approaches that rely heavily on movement, vision, or hearing may exclude some individuals with disabilities. Participatory methods must also be age-appropriate and follow the nine basic requirements for child participation.

### Examples of Participatory Methods

**Participatory mapping:** community mapping

**Problem tree:** gender inequality tree

**Venn diagramming**

**Timelines:** life stories, gender roles and responsibilities timelines, most significant change stories

**Priority ranking:** participatory ranking method

**Matrix scoring:** gender analysis matrix

See Tools 9, 11, 12, 13, and 14 for additional examples and details on participatory methods.

## TEN STEPS OF GAP ANALYSIS: STEP 3

# DESIGN RESEARCH PROTOCOL

### Step 3.3: Identify Risks and Ethical Considerations<sup>5</sup>

**Tool 14:** [Risk Assessments for Child Participation and Collection Data from Children](#)

#### Risk Assessments and Mitigation Plans

A GAP Analysis must have an adequate risk assessment and risk mitigation plan. An ethical approach to research requires risk assessment and mitigation to ensure that participants and researchers do not face harm. This approach is particularly important to ensure that children participate and that research methods are inclusive and gender-sensitive. It requires awareness and consideration of relevant power differentials and the local, regional, and national socio-cultural, religious, economic, and political contexts. Risk assessments should consider potential physical, psychological, economic, legal, or social harm to participants and their communities as well as to SC staff and partners. They should be developed in consultation with a range of staff. For example, engage colleagues from child protection, child safeguarding, REALM, security, and those who work closely with the communities where the research will be conducted.

When engaging children and groups that might experience discrimination, consult them to understand the risks and benefits of planned primary data collection. For example, if there are pre-established children's groups, you can seek children's input on data collections plans to identify potential risks. It is important to consider the likelihood that the risk may occur and the severity of the potential harm.

#### Consider the types of risk children may face:

- Risks to immediate physical safety (unsafe locations, contracting diseases, etc.)
- Risks to psychological health and well-being
- Risks of retribution or retaliatory violence
- Social harm (e.g., stigmatisation if a community discovers that a participant has experienced something that is considered 'taboo' such as sexual violence)
- Child safeguarding risks, including sexual abuse and exploitation
- Harm because of unfair exclusion (e.g., children with disabilities may be excluded because of failure to provide appropriate accommodation)
- Economic harm (e.g., the possibility that the participant or community could lose income due to participating in the study)
- Legal harm (e.g., the possibility that the participant's ability to make a legal claim such as one related to refugee law could be affected)
- Reputational harm (linked to misuse of power, authority, incompetency, lack of accountability, etc.)
- Financial harm (e.g., fraud, misuse of resources, etc.)

#### Resource Spotlight: Safeguarding Children

Save the Children, [Safeguarding in MEAL and Research](#) mini-site (internal SC document)

Save the Children, [Safeguarding in MEAL and Research Brief](#) (internal SC document)



<https://childethics.com/>

## TEN STEPS OF GAP ANALYSIS: STEP 4

# DEVELOP REPORTING AND REFERRAL PROTOCOL<sup>6</sup>

### Tool 15: [Reporting and Referral Protocol Template](#)

Reporting and referral protocols ensure that we know how to report issues and/or refer children and adults for further support if the need emerges during research.

#### Needs may include:

- Support after a child safeguarding or child protection issue arises (e.g., identification of an unaccompanied child in need of care and other support)
- Psychosocial support if a person is very distressed or discloses they have experienced a traumatic event (e.g., an experience of gender-based violence)
- Health support if a person is unwell/injured and not receiving assistance or if a person discloses they have recently experienced sexual violence
- Urgent requests for assistance (e.g., food, shelter)

Children may reveal harm or safety issues, including child abuse or neglect related to themselves or others, during participation in research activities or staff may suspect participants are at risk and in need of protection. These issues require staff to respond immediately and sensitively and to provide follow-up support or referral to appropriate services. If the needs are non-sensitive, ask the child or adult to talk to you further about the issue after the discussion/interview. If the issue is sensitive, it may be necessary to follow up with the child at their home or in their community rather than ask them to stay after a discussion (both when a child discloses issues related to themselves and to other children).

High quality and ethical research planning always recognises potential well-being concerns, ensures that children are safe, and provides follow-up support as necessary.<sup>7</sup>

**In line with WHO guidance on gender-based violence, basic care and support to victims/survivors must be identified and made available before commencing any research that may ask individuals to disclose information about their experiences of violence.<sup>8</sup> If appropriate services to which we can refer urgent support needs do not exist, the study should create short-term support mechanisms or should not be carried out.**

**Tip:** Child safeguarding concerns must be reported to the country office child safeguarding focal point immediately—do not wait until the end of the study. You do not need proof or evidence that a breach of child safeguarding policy has occurred; you must report any concerns.

## TEN STEPS OF GAP ANALYSIS: STEP 4

# DEVELOP REPORTING AND REFERRAL PROTOCOL

In addition to urgent harm or safety issues, you may face requests for assistance or questions about SC's work. Try to predict these requests and questions and develop a list of "Frequently Asked Questions" with answers to help facilitators and enumerators provide accurate responses. For example, you may face questions about SC's activities in the area, eligibility criteria for assistance, and services provided by other organisations.

### Humanitarian Settings

**Does Save the Children engage in the Monitoring and Reporting Mechanism (MRM) for Grave Violations in your country of operation?** If yes, some information collected during your study may need to be reported through this mechanism. Speak to the MRM focal point in the country office to identify reporting needs. Usually, the Country Director or the Child Protection Advisor is the MRM focal point. These colleagues are responsible for sharing information with the UN/UNICEF MRM country focal point who is then responsible for verification and any further investigation. This process (and the sharing of information to the UN focal point) is done through specific confidential channels that respect the anonymity of both the information source and the victim/survivor.

#### Resource Spotlight: Feedback and Reporting Mechanisms

[Accountability to Children and Communities Toolkit](#) (internal SC document)



**Figure 6:** How to develop a reporting and referral protocol

**01**

Liaise with the Child Protection and Child Safeguarding teams in country. They may already have established reporting and referral protocols or at least some information such as service mapping. (Note: you may need to tailor any existing protocols to the study, but they form a good starting point).

**02**

Identify the potential harm or safety issues that may arise during the study.

**03**

For each potential harm or safety issue, identify a list of signs or warning signals that should trigger a referral to help facilitators/enumerators determine concerns (e.g., obvious untreated physical injuries that require urgent medical attention, including fractured/broken bones, dislocated bones, loss of consciousness, cuts/bleeding, etc.).

**04**

For each potential harm or safety issue, identify needed supports for children. *This could entail medical treatment, including post-exposure prophylaxis and emergency contraceptives, psychosocial support, support to meet basic needs, and legal support.*

**05**

For each potential harm or safety issue, identify how urgently support must be provided.

**06**

Map organisations that can provide the needed support. *These organisations will include SC (i.e., referrals to other SC programmes or services that would be possible), other NGOs, local services (such as health facilities), and the police. If there is no organisation currently providing the needed support, SC should investigate whether it should specifically contract additional help (e.g., a qualified counsellor) to support the study.*

**07**

Agree on arrangements with these support providers. Engage additional support as required.

**08**

Identify roles and responsibilities within SC for referring and reporting issues.

**09**

Monitor the reporting and referral processes to ensure children are receiving the agreed level of support.



## TEN STEPS OF GAP ANALYSIS: STEP 5

# COMPLETE ETHICS REVIEW

### Tool 16: [Sample Assent Form for Research with Children](#)

Power hierarchies exist throughout the research process just as they do in everyday life. To ensure researchers ‘do no harm,’ research involving human participants often requires ethical approval from legal or institutional oversight bodies. Each country has its own set of requirements for the ethical conduct of research that may be legislative, regulatory, or informal recommendations. You should check the legal requirements in your country by referencing the International Compilation of Human Resource Standards. SC staff and partners must obtain ethical approval from the SC Ethics Review Committee prior to data collection.

All research involving human subjects must address relevant legal and policy bodies to ensure the protection of research participants, especially children. SC has endorsed the Helsinki Declaration, the internationally recognised standard for research ethics. The Declaration stipulates that an independent review is required of research protocols involving human subjects. The review assesses procedures for informed consent and confidentiality and the protection of vulnerable or excluded groups, especially children.

Since most GAP analyses involve human subjects in the data collection, it is critical to understand the procedures for a required ethics review in the country of operation and to follow them to ensure the research methodology upholds international ethics standards. Country regulations may require collaboration with local research institutions. These requirements may be updated regularly, so be sure to verify you have the most recent criteria.

#### **Informed consent and assent are crucial to preserving the dignity of all research participants.**

- **Consent** requires full comprehension of the process, risk, and benefits and the express choice to participate in the research.
- **Assent** is a simple expression of willingness to participate; it does not require full comprehension to participate in the research.

Researchers must always obtain informed consent from either the child, if they have the capacity, or the legally authorized representative (Surrogate Consent/Use of a Legally Authorized Representative [LAR], parent, or legal guardian) of any child younger than the age of adulthood in the context where the research is taking place. Once the LAR provides informed consent, the research team must obtain the child’s assent.

#### **Resource Spotlight: Ethics**

[Working Together: Including Children in Research on Violence against Children](#) (pages 39 – 47) provides guidance on how to navigate children’s informed consent and assent.

[Ethics in Research & MEAL at Save the Children Website](#) (SCI, SCA, SCUUK, and SCUS ethics resources)

## TEN STEPS OF GAP ANALYSIS: STEP 5

# COMPLETE ETHICS REVIEW

In some countries, ethics protocols outline exceptions or note parental substitutes who may give consent. Parental consent is based on the principle that parents will act in the best interest of the child, and as such, there are some limits to parental consent. Depending on the research, parental consent may not be practical or appropriate; for example, when working with orphans or children living on the street. “If the perpetrator or victim of violence is the child’s legal guardian, participation may be obstructed either by a perpetrator not acknowledging the violence as such or by a victim or other adult wanting to protect the child from such issues. Here it is useful to view the child as a socially-competent actor and able to provide their own consent.”<sup>9</sup>

Researchers should provide children with information in ways that are appropriate for the context, their developmental stage, and age. They should be able to understand the benefits and risks of their participation. Written and non-written forms of consent and assent can be used (e.g., verbal assent).

**Tip:** Make sure to allocate enough time for the ethics review. The review and approval process may require weeks to months, depending on which and how many ethics bodies are involved. SC ethics review committees may take several weeks (i.e., 2-3 weeks) to review submissions, while external ethics review committees may take anywhere from a few weeks to six months.

### Case Study

“[Ruiz-Casares and Thompson](#) worked with children age 8–12, who discussed written consent forms then translated the concepts into photos used to develop forms.”

The International and Canadian Child Rights Partnership “made a series of short videos with their child and youth advisory committees to assist children and young people to understand the UNCRC’s nine basic requirements of child participation, different types of participation and key concepts of evaluation. These videos were made by children and young people for their peers in local languages and youth dialect. The adoption of visual participatory methodologies within the informed consent process results in practices that are more age and culturally appropriate and that reflect local values, customs.”

**Source:** Working Together: Including Children in Research on Violence against Children

# TEN STEPS OF GAP ANALYSIS: STEP 6

## COLLECT DATA

**Tool 17:** [Community Organisation Mapping Template](#)

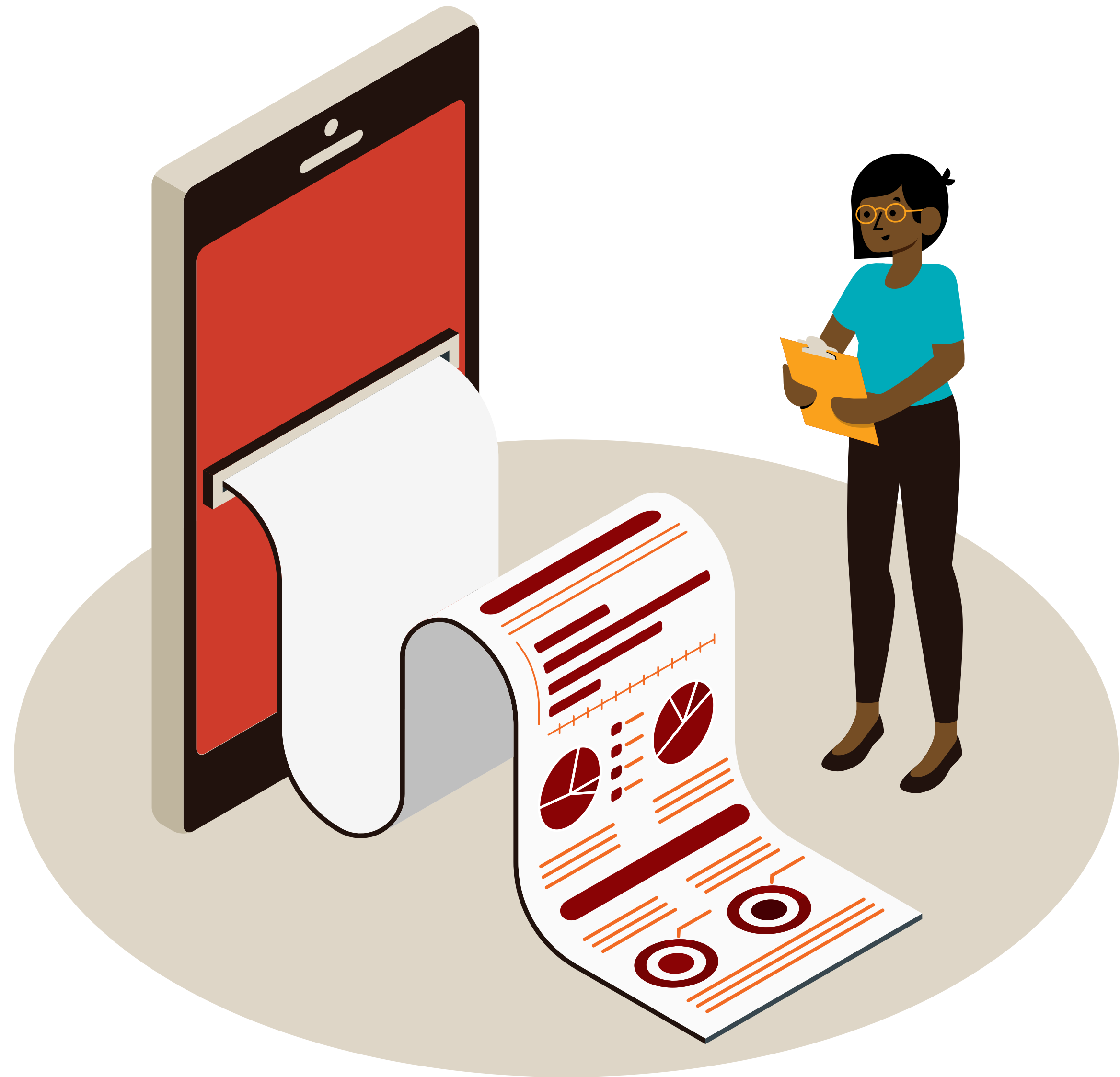
### Good Data Collection Practices

The following recommendations help to reduce power imbalances between the GAP Analysis Team and research participants. They reflect the GAP Analysis key frameworks and guiding principles and outline feminist, child-centred, and inclusive approaches to data collection.

#### Gender and power inequalities influence the data collection process, including:

- Who participates as respondents
- How consent is obtained
- What methods are used
- When and where data are collected
- Who collects data
- Who analyses the data

Feminist, child-centred, and inclusive methodologies help to positively transform power inequalities in research.





## TEN STEPS OF GAP ANALYSIS: STEP 6

# COLLECT DATA

### Overarching Data Collection Considerations

- Allocate adequate time for the pretesting and refinement of data collection tools and engage data collectors and participant groups, including children, in tool refinement. This practice is especially important to incorporate their knowledge of the local culture and/or language (and if data collections tools will be translated into another language).
- Ensure staff complete required SC trainings and understand confidentiality, consent processes, and referral procedures, especially for any data collection that may result in participants disclosing experiences of gender-based violence.
- Make research methods and forms of communication accessible to all participants regardless of their gender, age, disability, and other power differentials. For instance, women and girls often have lower levels of literacy, less proficiency in national versus ethnic languages, and less knowledge of technology, so methods should accommodate these differences and enable their participation.
- Obtain caregivers' informed consent and children's assent before any data collection begins. Researchers seeking consent should speak the local language and be familiar with the local culture.
- Consider what is appropriate in the context to thank participants for their time. An example would be providing a drink or snacks while they speak to you.
- Think creatively about how to reach children and adults who experience the most inequality and discrimination, as they are often disconnected from social systems (e.g., schools, health care services), community groups, and networks. Techniques like snowball sampling can help to find those who are excluded. Map community organisations to identify potential participants from excluded or minoritised groups who may not be connected to public services and institutions, and therefore hard to reach. During data collection, ask local leaders and community members if there are any community organisations operating in the local area or region that specifically target children, women, persons with disabilities, or any other priority population. It may also be useful to ask local government offices, in particular any gender or youth bureaus or offices, for a list of organisations working on gender equality, social justice, and child issues.



### Tip:

Community mapping can help to create a referral list of resources and service providers available to the community for participants who are experiencing gender-based violence. The list can include formal resources such as health facilities, police, shelters, and mental health counsellors as well as informal resources such as women's groups, religious leaders, and community leaders and champions.<sup>10</sup>

# TEN STEPS OF GAP ANALYSIS: STEP 6

## COLLECT DATA

### Safety Considerations

- Assess safety risks including of violence (e.g., gender-based violence) for data collectors prior to field research. Establish protocols to monitor researchers' safety, enable calls for help, and initiate exist strategies.
- Researchers can travel into communities in groups of at least three people to ensure the safety of children, community members, and themselves. Never being alone with a child and never entering a research participant's home alone are important practices for everyone's safety.
- Select accessible and safe locations after consulting with relevant groups. For example, speaking to local youth groups will help you know if girls may feel certain areas of a community are unsafe or inappropriate for them. You may also need to conduct gender-separate groups to ensure safe and equitable participation.
- Find locations that offer privacy for interviews. This can be difficult in areas where research may not take place in a building and the novelty of 'outsiders' can draw unwanted crowds and attention. It may help if a staff member holds a separate discussion with onlookers in a different location.
- Follow data security and protection protocols at all times. Information gathered should not be traceable to individual children or adults.
- Prepare data collectors for disclosures of harm or violence through training in psychological first aid as well as by establishing referral protocols. Though data collectors should never take on the role of counsellors, they must inform children in advance of their duty to protect them should harm be disclosed by informing appropriate adults.
- Establish feedback mechanisms that are accessible, gender-sensitive, child-friendly, and guarantee anonymity.



## TEN STEPS OF GAP ANALYSIS: STEP 6

# COLLECT DATA

### Child-centred & Age-appropriate Methodologies

- Following safeguarding practices ensures caregivers are present and can see child participants at all times. Children should be within their caregiver's sight and comfortable, but preferably out of their caregiver's earshot unless they need the caregiver's assistance (e.g., to interpret for them).
- Treat consent and assent as an ongoing process that should be revisited as circumstances change or as ethical issues arise. At the start of each research activity, consider asking if children would like to participate and remind them that they can withdraw at any time without any consequence.
- Triad interviews are well-suited for children. Triad interviews pair three participants with one researcher, shifting some of the power from the researcher to children, their language, and their ways of framing the world. Triad interviews can reduce the intimidation that children feel in one-on-one interviews.
- Use gender-separate focus groups and triad interviews (unless the convening theme is strong enough to create bonds across sexes and gender identities) and keep age gaps between participating children to a minimum—under a span of two years if possible. Age-based variations can become difficult to manage beyond this range.
- Consider how peer facilitators can be used to overcome children's discomfort with adult interviewers who may be perceived as outsiders who do not understand children's issues. Be attentive to measures needed to ensure confidentiality and safety when engaging children/youth as researchers.
- Sit at the same height as children so that they are not looking up at you.
- Avoid telling children to speak up when you cannot hear them. Instead, you can say, 'I am having trouble hearing today, but I really want to hear what you think—can you tell me again, a little louder?' The latter approach prevents children from thinking they did something wrong and sets up a more equitable relationship between researchers and children.
- Use self-disclosure to establish trust and rapport in discussions with children.<sup>11</sup> If you are open and honest about your own experiences, they will more likely feel that they can also be transparent.
- Avoid the use of focus groups with children under the age of eight. This practice helps to ensure that children's conversational skills have developed enough to make group discussions feasible.<sup>12</sup> Triad interviews are more appropriate for children under the age of eight and give you the flexibility to adjust activities to the child's learning and communication style.
- Use the language and terms children use to avoid jargon or unfamiliar professional language. You will also need to be aware of terms, language, and interpretation needs that may be specific to a group of children (e.g., local dialects).
- Use participatory methods and avoid completely talk-based sessions with children aged eleven and younger. These children tend to engage more easily and naturally with concrete and game-like activities rather than abstract concepts and questions. Examples of activities include drawing, mapping, collage, speaking with a puppet, role playing, and bringing an item to talk about.
- Start and end the session with simple questions or activities. This method will leave children with an increased sense of confidence and success. The [100 Ways to Energise Groups](#) provides many examples of possible games and icebreakers to use with children.

## TEN STEPS OF GAP ANALYSIS: STEP 6

# COLLECT DATA

### Feminist Methodologies

- Ensure participants can speak to an enumerator of the same gender. See Table 2: Considerations for Gender and Sexual Minorities for additional considerations.
- Use gender-separate triad and focus group discussions to help children and adults feel safe and more comfortable speaking openly, particularly about sensitive or gender-related topics.
- Consider the importance of power differentials such as ethnicity, religion, and socio-economic status when pairing researchers and participants.
- Do not overburden study participants. Collect data at times/days/locations most suitable for children and adults and be mindful of gender norms and roles specific to different groups (e.g., girls). Find out about household, school, and economic responsibilities and coordinate with potential participants. The aim is to nurture equitable access and minimise children's and adults' time burdens, direct costs (e.g., transportation, lost wages/income), opportunity costs, and any negative consequences associated with their involvement.
- Think about who is present during data collection and how that may influence responses. Interviewing women alone or in groups separated by gender and other power differentials helps to ensure that participants feel comfortable expressing their views. For example, young women might not speak openly in front of men or mothers-in laws.
- Assess how to adapt, but not limit, participation based on community-based consent processes. Some people or groups may need to obtain consent from several gatekeepers (e.g., community leaders, elders, or more powerful household members) before participating in the study to prevent backlash. Keep in mind that consent processes should not further disempower respondents.
- Train researchers to spot children's or adults' 'silent refusals.'<sup>13</sup> An example would be children who appear reluctant to participate even after consent and assent are obtained. In some cases, women may be hesitant to participate without prior approval from their spouses or other men in the household. We need to respect respondents' concerns and build in procedures such as giving people more time to give consent.
- Rethink who we consider to be key informants. We often assume key informants represent the community and understand local issues. However, they may just be the most educated or powerful people in the community. Key informants are also typically men. An overreliance on men privileges the male experience and perspective. Include a diverse sample of community members, equitably including women and girls, in your research. This practice prioritises their experiences and expertise and includes 'ordinary' community members, especially women, as key informants.

# TEN STEPS OF GAP ANALYSIS: STEP 6

## COLLECT DATA

### Feminist Methodologies: Continued

- Avoid gathering demographic data vis-à-vis the position of a male/man. For example, avoid simply measuring household poverty in relation to household headship or measuring socio-economic status of children against the education of the father. Researchers often use categories like male-, female-, or child-headed households. These terms are value laden, feminise poverty, can hide women and children's resilience, and make a lot of assumptions about gender and power dynamics in households. The categories often reflect the bias of the researchers and respondents and are thus not useful.

Plus, people often respond in socially acceptable ways (e.g., women identifying men as the head of the household) even if they are not or they have left or migrated. Also, asking respondents to identify who is the head of the household may force people to choose a single head even where headship responsibilities are shared. These categories oversimplify household power dynamics and can result in incorrect or skewed data. In addition, the head of household concept may perpetuate inequalities and can lead to projects prioritising male decision-makers. **Always define the criteria used to classify households into groups**, and when needed, consider alternatives like:

- Male & Female (M&F) household: HH with male and female adults
- Female No Male (FNM) household: HH with female, no male adult
- Male No Female (MNF) household: HH with male, no female adult



## TEN STEPS OF GAP ANALYSIS: STEP 6

# COLLECT DATA

### Inclusive and Accessible Methodologies

- Map community organisations and use snowball sampling to identify hard-to-reach groups or individuals. In some cases, it may be more appropriate to speak to group representatives; for example, in cases where potentials harms outweigh possible benefits of research participation.
- Consult with representative organisations of persons with disabilities (OPDs) in the priority area to understand the key barriers and to plan for communication and recruitment strategies that will effectively reach persons with disabilities. OPDs are not the same as expert NGOs but are organisations formed and led by persons with disabilities themselves. A good option to ensure appropriate methods is to recruit a person with a disability from an OPD as a research assistant or interpreter.
- Prior to an interview or consultation, ask all participants (not just those with disabilities) if they need any accommodation to participate. Asking about accessibility needs well in advance of the data collection allows time to provide appropriate accommodations. For example, preparatory sessions with children with disabilities may help to enable their participation in group methods.
- Identify safe spaces for discussions and interviews that are accessible to children with disabilities. Consult with them, their families, and OPDs to identify potential safe spaces before selecting interview sites. Choose locations that children do not associate with the exertion of power and control by adults.
- Consider smaller groups of 4-6 participants for discussions with children who have intellectual, multi-sensory (deaf, blind, etc.), or psychosocial disabilities.<sup>14</sup> Ensure participants can communicate through their preferred method (speaking, signing, or writing), and hire sign language interpreters if necessary.
- Highly formalised ways of obtaining assent from children and informed consent from adults may make participants uncomfortable, especially if they are unable to write or sign their name. Therefore, use a more flexible consent process when engaging with persons with disabilities.
- Though not ideal, a caregiver/parent should participate in the interview if it makes the child/children more comfortable.
- During data collection, be sure to direct questions to the interviewee and not to the interpreter or any assistant or family member. This technique is important as it shows respect and allows interviewees to speak for themselves.
- Ensure that enumerators use appropriate terminology (i.e., related to persons with disabilities) and treat all participants with dignity and respect.
- Visual and participatory methods are well suited for interviews and focus groups with children, especially children with intellectual disabilities, for whom relying on memory can be frustrating. Images can help prompt ideas and connections.

## TEN STEPS OF GAP ANALYSIS: STEP 6

# COLLECT DATA

**Tip:** Some disabilities are not visible and not all persons with disabilities are active in, or affiliated with, an OPD. Always include disability disaggregating questions in data collection tools (in the demographic section where age, gender, and other information is collected). Use this process for both qualitative and quantitative data collection tools. You can use the Washington Group Short Set Questions (WG-SS) for information about adults and the Child Function Module (CFM) Questions for children (2 different sets depending on the age of the child).<sup>15</sup> These questions enable disaggregation by disability during data analysis. It is important to use the WG-SS and CFM as they are designed for collecting data on disability. The CFM should be asked about children but through a proxy adult. The training of enumerators is important as they may not be familiar with the Washington Group questions or working with children or adults with disabilities.

### Resource Spotlight: Disability Guidelines

[Washington Group Disability Questions](#)

[Plan's Guidelines for Consulting with Children & Young People with Disabilities](#) (available in English, French and Portuguese)

[UNICEF's Take us Seriously: Engaging Children with Disabilities in Decisions Affecting Their Lives](#) (available in [English](#), [French](#), [Spanish](#))

Table 2: Research Considerations for Gender and Sexual Minorities

# CONSIDERATIONS FOR RESEARCH WITH GENDER AND SEXUAL MINORITIES (E.G., WITH LGBTQI+ YOUTH AND CHILDREN WITH NON-BINARY GENDER IDENTITIES)

## 01. Do no harm

- Begin research by analysing secondary data on issues experienced by children/youth who identify as gender and sexual minorities in the context/country.

## 02. Collect primary data only if necessary

- Ensure knowledge gaps exist and only collect information needed to inform the initiative/project/activity.
- Conduct a risk assessment to assess whether data collection may cause harm and unintended negative consequences.
- Devise a risk mitigation plan.

## 03. Train Staff

- Make sure staff complete required trainings and understand potential risks to participants as well as safeguarding, data protection protocols, and referral pathways.
- Train data collectors to recognise when it may not be appropriate to ask questions (especially about gender identity or sexual orientation) and how to sensitively and respectfully collect data.
- Address potential bias against gender and sexual minorities through staff training and raising awareness of forms of discrimination, including sexism, homophobia, biphobia, and transphobia in trainings.

## 04. Partner with groups led by/serving gender and sexual minorities

- Develop data collection protocols with experts and/or groups led by or serving gender and sexual minority communities to ensure culturally appropriate terminology, framing, and procedures.
- Interview key informants (e.g., representatives of LGBTQI+ and child/youth-led and serving organisations and rights/advocacy groups that work with priority communities in the site/country). It is best to develop equitable partnerships with organisations long before the research begins to build trust and mutually beneficial collaborations. Co-designing the research, getting feedback on the design, or hiring members of organisations to work on the research team is ideal.
- Ensure the security (physical, digital, and emotional) of all research partners.

## 05. Interview children/youth only if necessary

- Assess the diversity of data collectors and aim for participants to speak to an enumerator of the same gender.
- Consider additional data collection with youth champions (18+ years) if data gaps remain.
- Speak to child/youth champions from the group who already have a public presence.
- Consider informed consent processes so as not to place children/youth at risk (e.g., assess whether it is safe and necessary to obtain caregiver's informed consent or if a child's consent is sufficient). Do not disclose children's/youth's sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) without their informed consent.

## 06. Protect Data

- Protect the confidentiality of children and youth at all times. Ensure that all information that may identify participants such as first name, family name, age, address, or mobile number are safely and securely stored.



# TEN STEPS OF GAP ANALYSIS: STEP 7

## ANALYSE DATA

**Tool 18:** [Data Analysis Template](#)

### During Data Collection

**Qualitative data analysis:** can begin as early as the first day of data collection and continue throughout the data collection fieldwork. Staff can use initial data analysis to form new questions or revise existing questions to address information gaps or to verify responses from other research respondents.

#### Applying feminist, child-centred, and inclusive methodologies to data analysis means we:

- Disaggregate data by relevant power differentials and use an intersectional lens. Remember that systems or structures of privilege and oppression are not static and that a person who is oppressed in one context may have more advantages or social mobility in another circumstance.
- Ask what and who is missing in the data and aim to address those gaps.
- Situate our interpretations of data within the historical and cultural context—consider historic and current events and how they may shape responses.
- Triangulate data (by comparing diverse and numerous sources) so that we do not rely on limited information and scope (e.g., just relying on key informants from privileged groups).
- Acknowledge how the research team’s social positions may have impacted responses.
- Interrogate common sense answers offered by researchers as they can reflect biases. Joint reviews of data and debriefing meetings are important to check the research team’s assumptions.
- Centre the words and interpretations of respondents. Highlighting their understandings of gender and power relations acknowledges respondents’ realities. Participants might not always identify with or agree with how the research team understands social problems (e.g., sometimes women support inequitable gender norms that justify male violence against women). Interpret data within larger social, political, and cultural contexts.
- Seek to understand the intended meaning of respondents. If local staff and/or community members are on the GAP Analysis Team, they can help to interpret the meaning of particular words (e.g., local slang or dialect) and sayings.

## TEN STEPS OF GAP ANALYSIS: STEP 7

# ANALYSE DATA

**Daily review:** A helpful exercise to carry out with the data collection team is a daily review of emerging themes. At the end of each day, gather the team for a 30-60 minute debriefing session. Ask each team member to review their notes for the day and discuss the patterns and themes that emerge through participant responses. Write their thoughts on large sheets of flip chart paper, one for each key research topic. As data collection progresses, continue to review, add to, challenge, and deepen the emerging themes identified by the data collection team. Continually reflecting on interpretations of data builds in-depth knowledge of the context.

**Data interpretation:** At the beginning, data collectors might not identify larger themes or connections between themes. As they collect more responses and start to see patterns and similarities, larger themes will emerge. The GAP Analysis Lead, REALM Specialist, Gender Equality Advisor, and/or GAP consultant can help facilitate the identification of larger themes and begin to connect them to broader gender and power theories and literature. It is important to understand how local data collectors (who often include project staff) interpret the data they collect. They will be able to ground themes in the local context and tie them more easily to practical programmatic insights. Triangulate data collectors' interpretations with respondents analysis and conduct a second literature review to provide further verification.

Before leaving the data collection site, make sure to have copies of all physical and digital surveys, field notes, interview and focus group notes, pictures of visualizations carried out during participatory exercises, and pictures of flip chart notes from the daily review of emerging themes. If data collectors have recorded interview and focus group discussions, make sure those audio files are downloaded, backed up, and secured in line with Internal Review Board (IRB) protocols.



# TEN STEPS OF GAP ANALYSIS: STEP 7

## ANALYSE DATA

### After Data Collection

**Transcription:** Once the data are collected, transcribe the audio files. Make sure transcribers are faithful to the text and provide as close to word-for-word transcription as possible while maintaining local expressions and meanings. They paint a picture of respondents' realities. Transcribers should also note any participant reactions that carry meaning (e.g., laughter, silence, or other sounds).

**Qualitative data analysis:** The following methods are commonly used by practitioners to review and make sense of qualitative data:

- **Key themes:** Build on the identification of key themes completed in the field by reading participant responses and data collector notes with an eye to challenging, complicating, and filling out key themes and tying them to your key research questions.
- **Frequently occurring words or concepts:** Note repetitions and highly charged words. Pull out words and phrases used across your interviews and focus groups in response to research topics and note where significant emotion accompanies particular words or concepts.
- **Triangulation:** Compare responses from key informant interviews, in-depth interviews, and focus groups with your observations and the literature review. Note any unexpected or expected differences and similarities as well as topics that did not generate anticipated responses.

Qualitative data analysis software can assist with organising, categorising, and coding transcripts of large data sets. Disaggregate all data by gender, age, location, and other relevant power differentials.

**Reflectivity:** It is vital to recognise that our own biases as researchers may affect our data analysis and cause us to make assumptions (see [Part 2: The WHY: GAP Analysis Basics: Guiding Principles](#)). We may oversimplify or generalise people's accounts instead of recognising the complexities and contradictions in the data. As researchers, we need to be reflexive and consider how our own position (e.g., based on our gender, age, socio-economic status, etc.) shapes the analysis process. The data analysis process is never neutral. We need to crosscheck interpretations of data with the research team and participants through validation sessions to ensure our analysis is on the right track.

## TEN STEPS OF GAP ANALYSIS: STEP 7

# ANALYSE DATA

### After Data Collection: Continued

**Organising data:** It is helpful to organise data analysis in a spreadsheet by key research questions and subquestions and link the findings to possible project activities. Qualitative data analysis software can also help to organise, code, and visualise data, but will not do the interpretive analysis nor the work necessary to develop a good coding system.

**Coding:** Codebooks can be created through a participatory process with the research team. It is highly recommended that multiple people code interviews. To ensure inter-rater reliability, two or more staff can code the same interview and check to make sure they interpret the codes the same way. This helps to avoid bias skewing the data analysis (e.g., coding identical responses from men and women differently). If there are discrepancies, teams should revise the codebook by specifying code definitions and providing examples. Having GAP Analysis Team members familiar with the local language and context participate in coding helps to ensure that the intended meaning of words and expressions are captured.



## TEN STEPS OF GAP ANALYSIS: STEP 7.1

# CONDUCT SECOND LITERATURE REVIEW FOR INTERPRETATION AND RECOMMENDATIONS

The analysis of the primary data will provide a sense of trends, patterns, themes, and information that is important to participants. Without interpretation—that explains why things happen—the analysis risks remaining descriptive. A second literature review is often necessary at this phase to provide theoretically useful explanations for why certain phenomena happen as well as to help develop practical, evidence-based recommendations. Referencing theories of inequality and previous gender analyses and academic journals can help to ground your interpretation.



## TEN STEPS OF GAP ANALYSIS: STEP 8

# HOLD VALIDATION SESSIONS

**Facilitating sessions:** Soon after data analysis and interpretation, the GAP Analysis Lead and/or SC staff will hold validation session(s) in the community. Sessions can be run by someone with facilitation experience and who is familiar with the data analysis and initial findings (e.g., GAP Analysis Lead, gender equality advisor, consultant, or GAP Analysis Team member). It is ideal for additional project staff such as technical leads and the project director to also participate. These sessions provide stakeholders, including children and adults who participated in the research, an opportunity to provide feedback on the findings and interpretations before they are finalised in the report.

**Community feedback:** Ensures that participant experiences are accurately reflected in the report, that findings are not lacking in areas, and that data are not misstated or misrepresented. It is also part of accepted feminist practice—validation sessions serve as an avenue to share initial findings with people who shared their experiences and gave their time to participate in the research process. These sessions are ways to reciprocate participants' contributions and practice transparency and accountability. The data and analysis should be made available to stakeholders for their use as they choose (e.g., in other projects and types of community development). Be sure to identify and address barriers to participation in the validation sessions, including providing accommodations used in the original data collection.

**Accessible and participatory methods:** In preparation for validation sessions, it might be helpful to create a handout with graphics and images for each key finding, tailored to illiterate audiences. Numerous methods exist to solicit feedback beyond a large focus group discussion, including smaller focus groups and triad interviews with gender and/or age-segregated groups. A survey is another method to allow written feedback. The number of staff needed at the validation session will depend on the methods used. A team of two or more is ideal to allow for more than one facilitator, an interpreter if necessary, and the other team members to take notes.

Document participants' responses to capture any new interpretations and elaborations on research findings. If participants disagree with initial interpretations, be sure to capture their feedback. After the validation session, you may need to conduct additional data analysis if gaps or significant discrepancies are identified.

### Key questions to ask

- Do the findings reflect the group's experience? The facilitator should see if responses differ based on power differentials such as gender, age, socio-economic status, etc.
- Are there inaccurate points that need to be corrected? Why are they inaccurate? Do they apply to certain people and not others?
- Are there points that are missing and should be added?

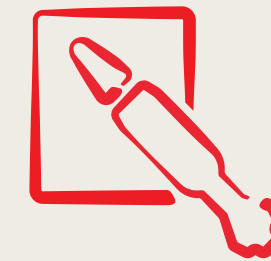
## TEN STEPS OF GAP ANALYSIS: STEP 9

# WRITE UP REPORT/PRESENTATION<sup>16</sup>

Once the data have been analysed, interpreted, and validated, you can finalise the research findings and recommendations. The GAP Analysis findings can be presented in multiple ways, including as a long report (often required by donors), short thematic briefs, or even in a PowerPoint presentation. The goal is to present information in an accessible format so that it is used by the project/initiative team. The findings should be clear and concise and include recommendations for their integration throughout the project cycle. Once the report is complete, coordinate with the project manager to circulate it to all staff taking part in the GAP Action Planning Workshop (see Step 10).

**A GAP Analysis Report is typically 25-30 pages (not counting annexes) and includes the following sections and content:**

1. Cover Page
2. Acknowledgements
3. Table of Contents
4. List of Acronyms
5. Map of Project Area(s)
6. Executive Summary
7. Introduction
8. Project Background
9. Methodology
10. Key Findings and Implications
11. Recommendations
12. Annexes
  - Annex I: Demographics
  - Annex II: Bibliography
  - Annex III: Community Group Mapping
  - Annex IV: Literature Review Worksheet
  - Annex V: Scope of Work
  - Annex VI: Data Collection Tools



**To ensure your reports/briefs/presentations are accessible:**

- Use simple and clear language.
- Include graphics and charts.
- Include practical, realistic, and specific recommendations.
- Keep the report as short and concise as possible.

## TEN STEPS OF GAP ANALYSIS: STEP 9

# WRITE UP REPORT/PRESENTATION<sup>16</sup>



**Tip:** Before including any imagery, illustrations, or photographs in the report ask:

- Do these images reproduce stereotypical roles or harmful stereotypes based on gender, age, disability, caste, race, ethnicity, or other power differentials? Do images present the diversity of project participants? Do they show people as active agents of change or passive recipients of aid?
- Do images focus on SC or partners as saviours of children?

**Using illustrations (as we do throughout the GAP Analysis Guidance) helps to avoid the potentially exploitative use of photographs.**

### Write Recommendations

Recommendations based on GAP Analysis findings aim to apply new insights to specific project activities and processes. You can ground the recommendations in evidence by reviewing practitioner research and project evaluations that have tested or piloted different activities in response to gender and social barriers and risks. You will have completed some of this work in the literature review and noted recommendations from previous projects and other literature.

#### The following types of documents may also provide useful assessments of activities:

- Gender, youth, power, and/or social inclusion/justice evaluations
- Case studies of gender, youth, power, and/or social inclusion activities and projects
- Best practices and innovation reports on gender, youth, and/or social justice
- Literature review summaries and systematic reviews



## TEN STEPS OF GAP ANALYSIS: STEP 9

# WRITE UP REPORT/PRESENTATION<sup>16</sup>

To apply feminist, child-centred, and inclusive approaches throughout the recommendations consider these guiding questions:

- How does the project recognise and address gender inequalities and other barriers based on systems of oppression related to gender; age; sexual orientation; race, ethnicity, caste, and indigeneity; socio-economic status; disability; nationality; and migratory, internally displaced, and refugee status? What other gender equality and social justice issues need to be addressed to achieve the project outcomes?
- Who is the participant population? Have any groups within the population (e.g., girls with disabilities, girls and boys who are out of school, married girls, older women, minoritised ethnic groups, etc.) been overlooked? How will their absence affect the initiative's ability to achieve its objectives and outcomes?
- What accommodations are needed to support the equitable and meaningful participation and leadership of everyone in the priority groups in project activities?
- What revisions or new activities are needed to ensure the project does not cause harm or have unintentional negative consequences, particularly related to gender-based violence?
- In what ways is the project responding to potential backlash and/or gender-based violence in communities? What opportunities may exist to prevent and respond to backlash and/or gender-based violence?
- What are specific risk mitigation measures or implementation considerations required for higher risk activities?
- What revisions or new programme or advocacy activities are needed to transform unequal gender and power relations in each domain of analysis?
- In what ways can activities support local stakeholders to advance gender equality and social justice and to empower children, women, and other groups that experience the most discrimination?



**Tip:** Sharing the report findings with study participants and communities enables stakeholders to see the outcomes of their contributions and to use findings in other community projects and work. Consider making child-friendly briefs and resource materials. These practices are part of feminist, child-centred, and inclusive methodologies.

## TEN STEPS OF GAP ANALYSIS: STEP 10

# CARRY OUT ACTION PLANNING

### 10.1 Hold Action Planning Workshop for GAP Strategy Development

The end goal of the GAP analysis process is the creation of a GAP Strategy/Action Plan to ensure that GAP findings and recommendations inform project implementation, including the refinement of activities and creation of new activities and MEAL plans. An action planning workshop can be conducted over 1-2 days with the participation of key staff and partners.

This process enables project staff to provide information about the context needed for implementation, generates their buy-in and ownership of action plans, and increases staff accountability to apply GAP Analysis recommendations.

#### A 1-day workshop might include the following sessions and content:

##### Morning Session

- GAP Analysis purpose and objectives
- Key research questions
- Methodology
- Review of key findings and recommendations
- Feedback session

##### Afternoon Session

The afternoon session should involve small group work to integrate findings into the project theory of change, components, work plan, monitoring and evaluation plan, communication plan, dissemination plan, and other important project management documents. This session helps staff to apply the GAP recommendations to their work plans and activities. It is also a good way to foster staff's investment in an intersectional project approach.

It will likely take more than an afternoon to integrate GAP recommendations and revise project activities. The GAP Lead and team members can continue to work with teams after the workshop and finalise the GAP Strategy. A timeline should be created to hold staff accountable. Make sure the project manager and key project staff have copies of the action plans generated during the workshop. This will allow them to follow up with staff to complete the process of integrating GAP analysis findings into project management documents.

## TEN STEPS OF GAP ANALYSIS: STEP 10

# CARRY OUT ACTION PLANNING

### 10.2 Write GAP Strategy

The GAP Strategy outlines how the project will apply the GAP Analysis recommendations through project activities. Drawing on feedback and outputs from the Action Planning Workshop, the strategy should describe how the project team will implement the analysis recommendations. The strategy can be a succinct document that helps the project team adapt activities or add new ones to ensure that the project is at a minimum gender-sensitive and ideally advances gender equality and social justice through transformative approaches.

#### Sections in a GAP Strategy can include:

1. GAP Analysis Recommendations
2. GAP Analysis Strategies
3. Activities (adapted and new activities that correspond with each strategy)
4. Indicators (which outline how activities will be monitored and evaluated)
5. Timeline (of when activities will be adapted/created and implemented)
6. Responsible Personnel (who on the team is responsible for implementing the strategy/activity)

## PART THREE

# ENDNOTES:

<sup>1</sup> For additional guidance, see Save the Children's [Information Sharing and Communication with Communities Guidance](#) (internal SC document).

<sup>2</sup> Time for the ethics review will vary greatly based on the review body/institution. The time for an internal SC review is generally shorter than external reviews. It can be as short as two weeks (not including holidays). External ethics review boards can take significantly longer such as 30 days, but the timing varies in each context and may depend on other factors such as the complexity of the research and participant population.

<sup>3</sup> See [Step 5: Complete Ethics Review](#) for more information on the different ethics review bodies/institutions and timelines.

<sup>4</sup> See [Step 3.2: Determine Data Collection Methods and Tools](#) for Save the Children resources on how to involve children in research.

<sup>5</sup> Information on risk assessments and mitigation plans adapted from Save the Children. (2017). *Protecting Children in Conflict Centenary Commitment: Process Guidance for Studies*.

<sup>6</sup> Step 4 adapted from Save the Children. (2017). *Protecting Children in Conflict Centenary Commitment: Process Guidance for Studies*.

<sup>7</sup> UNICEF. (2013). [Ethical Research Involving Children](#).

<sup>8</sup> WHO. (2007). [Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies](#).

<sup>9</sup> Jamieson, L., Feinstein, C., Kapell, A., and Dulieu, N. (2021). [Working Together: Including Children in Research on Violence Against Children](#).

<sup>10</sup> CARE. (2014). [Guidance for Gender Based Violence \(GBV\) Monitoring and Mitigation within Non-GBV Focused Sectoral Programming](#).

<sup>11</sup> Ellis, Carolyn. (2007). "Telling Secrets, Revealing Lives: Relational Ethics in Research with Intimate Others." *Qualitative Inquiry*, 13(1), 3-29.

<sup>12</sup> Dell Clark, Cindy. (2011). *In a Younger Voice: Doing Child-Centred Qualitative Research*.

<sup>13</sup> WHO. (2020). [Incorporating Intersectional Gender Analysis into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers](#).

<sup>14</sup> Smith Rainey, Sarah. (2015). "Talking about Sex: Focus Group Research with Persons with Disabilities," *Disability and Qualitative Inquiry: Methods for Rethinking an Ableist World*.

<sup>15</sup> Washington Group on Disability Statistics. *Washington Group Disability Questions*.

<sup>16</sup> For detailed guidance that covers qualitative analysis, including data preparation, thematic analysis, case study analysis, use of computer-assisted qualitative data analysis software, and dissemination of findings, see Skovdal, M. (2015). *Qualitative Research for Development*, available for free download at <https://www.developmentbookshelf.com/doi/book/10.3362/9781780448534>.

## ANNEX ONE

# THE WHO:

Power Differentials

 Power Differentials

# POWER DIFFERENTIALS



**Gender**



**Age**



**Sexual  
Orientation**



**Socio-economic  
Status**



**Disability**



**Race,  
Ethnicity, Caste,  
& Indigeneity**



**Nationality  
and Migrant,  
Refugee, &  
Internally  
Displaced Status**



# POWER DIFFERENTIALS

# GENDER



## Gender: Primary System of Discrimination is Sexism

### Key Points

- Sex and gender are different, but both are social constructs.
- Sex and gender are not binary categories, and the categories for each change across time, cultures, and contexts.
- When it comes to sex assigned at birth, how we categorise people is as much about social ideas and values as it is about our biology.
- Gender inequality disproportionately affects women, girls, and people with non-binary gender identities.
- Although men benefit from patriarchy, they can also be negatively affected by it (e.g., toxic or harmful notions of masculinity).

The evidence is clear that gender inequality is a root cause of many barriers to sustainable development around the world. Gender inequality critically impacts the ability of children to survive, learn, and be protected. It manifests at all levels of society and shapes the lives of all people—girls, boys, women, men, and children and adults with non-binary gender identities. Sadly, we need look no further than the leading causes of death and harm to see how gender affects children's lives. Worldwide, complications related to pregnancy and childbirth and self-harm are the leading causes of death among adolescent girls 15-19 years old, while their male peers are most likely to die from road injuries and interpersonal violence.<sup>1</sup> Gender norms, roles, and expectations shape adolescent girls' and boys' behaviours and vulnerability to harm. A key to dismantling inequitable gender dynamics and gender-based barriers and risks is to understand the construction of gender at each level of the [socio-ecological model](#) and across the [domains of analysis](#).

While the terms sex and gender are often used interchangeably, they are different. Sex classifications are rooted in our understandings of biology, but are social constructs (i.e., made up by society). How people define sex, and how we choose to classify people as male or female are determined by individuals, including healthcare providers. Typically, people think of sex as a binary category with two options—male or female. In fact, there is great diversity in people's biology and anatomy, and there are numerous ways we can choose to group people by sex. As a result, a more accurate way of thinking about sex as a classification system is to refer to it as sex assigned at birth. This term recognises that how we categorise people is as much about social ideas and values as it is about our biology.



## KEY DEFINITIONS

**Gender:** The socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for girls, boys, women, and men.

**Sex assigned at birth:** The assignment and classification of people as male, female, or another sex assigned at birth often based on physical anatomy at birth and/or examination of peoples' chromosomes.

**Sex characteristics:** External and internal genitalia, chromosomes, secondary sex characteristics, and hormonal balances.

**Sexism:** Prejudice and/or form of discrimination based on sex or gender, especially prejudice against women and girls.

**Transphobia:** The irrational fear, hatred, or intolerance of people who are transgender or are perceived to be transgender.



## POWER DIFFERENTIALS

# GENDER

**Intersex** is an umbrella term for people with sex traits or reproductive anatomy outside of typical definitions of male and female. Intersex people constitute an estimated 1.7% of the US population.<sup>2</sup> In approximately one in 2,000 births, a baby's genitalia are not clearly male or female. More often, there may not be any visual indication that someone is intersex. In fact, for many people, the signs that they might be intersex only appear as they age (often after going through puberty), if they find themselves infertile as adults, or are autopsied after death. Some people live and die with intersex anatomy without ever knowing.<sup>3</sup> We need to unlearn the myth that sex is a binary category. For a GAP analysis and programmatic purposes, we do not need to identify people who are intersex; rather it is important to build inclusive programmes and address stigma and discrimination where they exist.

**Gender** is the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for girls, boys, women, and men. It refers to understandings of what it means to be masculine or feminine. We tend to think of gender as a binary category (e.g., man/woman). However, there are a variety of gender categories and norms, and gender roles and responsibilities vary among cultures and change over time. Through gender socialisation, which starts at birth and continues throughout our lives, people learn culturally appropriate gender norms, beliefs, and behaviours. Society may teach girls that it is their sole role to clean and cook while their brothers may have opportunities to play outside or attend school. Messages about what are appropriate gender behaviours are present throughout a person's life. For instance, women may internalise the idea that it is their job (and not their husbands') to care for their children. Men may believe that their responsibility is to provide for their family financially. These expectations shape gender norms, roles, status, and responsibilities and depend on the culture and context.

**Gender identity** is a person's deeply felt internal and individual experience of gender which may or may not correspond with their sex assigned at birth. When someone's gender identity aligns with their sex assigned at birth, they are considered cisgender. For example, if a person is classified as a female at birth and identifies as a woman, they are cisgender. Being cisgender is perceived as normative so those who identify as transgender are often subject to social stigma and discrimination. The umbrella term transgender is often used to refer to people whose gender identity is different from their sex assigned at birth (e.g., transgender woman, transgender man, or children and adults with non-binary gender identities). There are innumerable gender identities that people use to describe themselves. Some are specific to a location or country.

**Gender expression** refers to how a person presents themselves to the world. It is the external display or performance of gender through a combination of appearance, disposition, social behaviour, and other factors. For example, the clothes someone wears and their hairstyle can be associated with a specific gender. An individual's gender expression may or may not conform to socially defined behaviours and characteristics associated with masculinity or femininity. An individual's gender expression can shift over time because of factors such as changing gender norms, personal discovery, or conditions enabling self-expression.

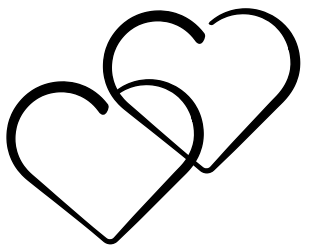


## POWER DIFFERENTIALS

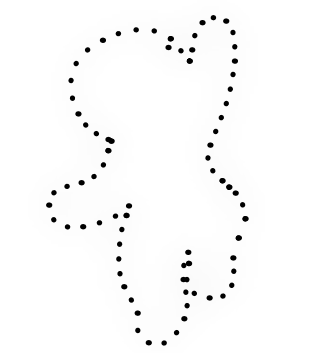
# GENDER



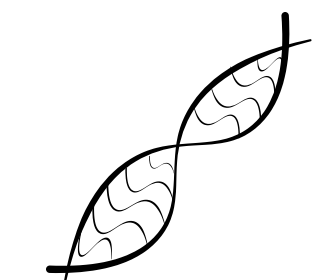
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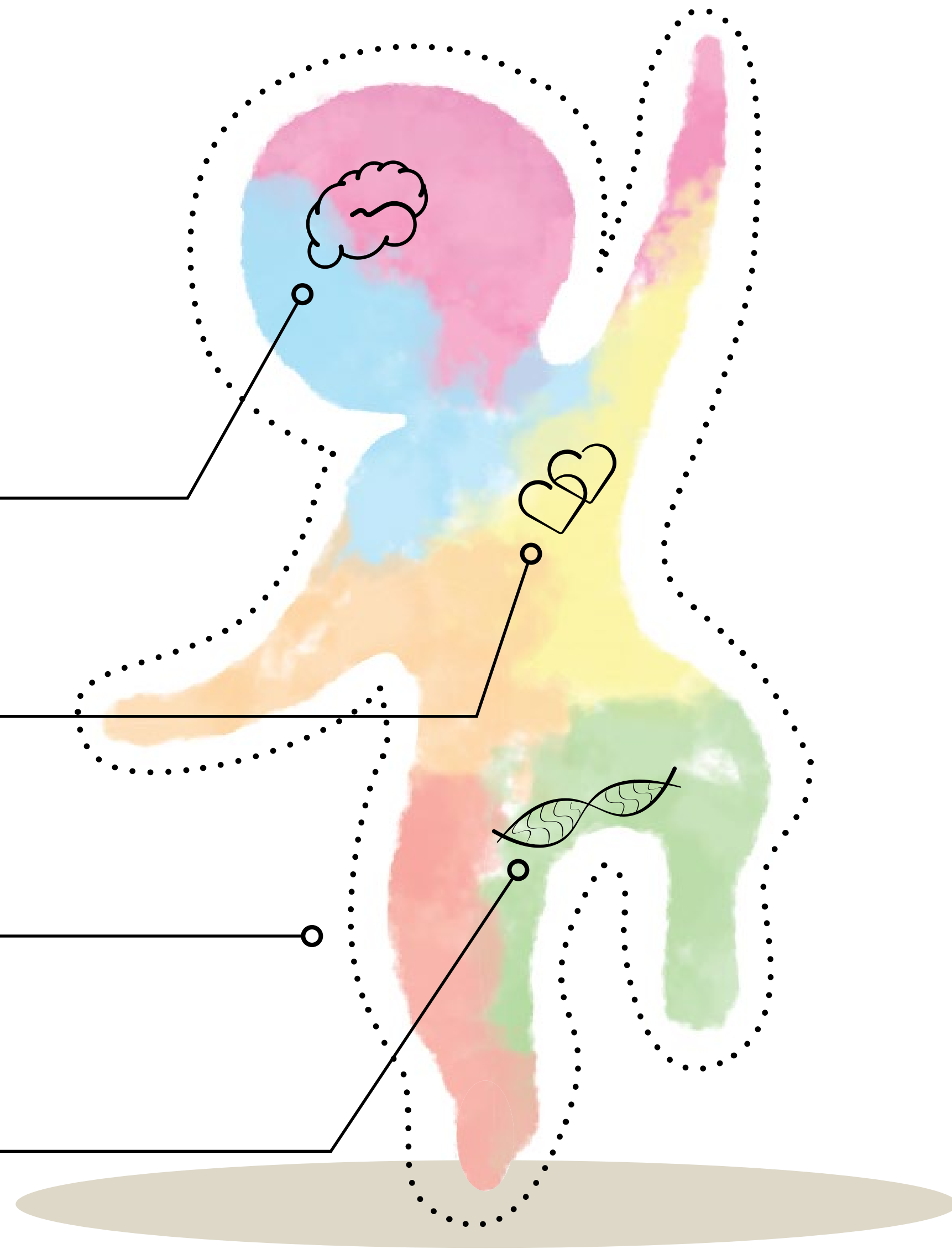
**SEXUAL ORIENTATION**



**GENDER EXPRESSION**



**SEX ASSIGNED AT BIRTH**



## POWER DIFFERENTIALS

# GENDER

It is common to think of gender inequality as a women's issue as gender inequality and its numerous impacts have a disproportionate effect on women and girls, including gender-based violence, child marriage, institutionalised sexism, lack of legal protections, etc. However, gender inequality is a human (and a global) issue. Although men benefit from patriarchy, they are also affected by it. Toxic or harmful notions of masculinity can encourage men and boys to engage in risky and unhealthy behaviours, prevent them from expressing their emotions, and stigmatise those who do not conform to social expectations. In addition, men and boys who identify as gay, bisexual, or transgender still face higher-than-average levels of hostility, risks of violence, and pressure to conform to masculine norms.

SC's programmatic efforts must respect the rights of all children and ensure their equitable access to and control over services, activities, and information. When programmes or society at large are organised only around the man/woman gender binary, the rights and needs of children and adults with non-binary gender identities are overlooked and they may be unable to equitably access and benefit from our programmes. As highlighted in the section on intersectionality, gender both intersects with and can magnify other forms of discrimination such as those based on age, disability, sexual orientation, and socio-economic status. Through our GAP analyses, we can identify potential gender-based risks and barriers and how they interact with other power differentials.



**Table 3: Examples of Gender-based Barriers Across the Life Cycle**

	CHILDHOOD	ADOLESCENCE	ADULTHOOD
<b>Access to and Control Over Resources</b>	<p>Feeding and healthcare practices prioritise boys' nutrition/ well-being and jeopardise the long-term health and well-being of girls.</p> <p>Families prioritise boys' education while girls may be prevented from attending or withdrawn from school.</p>	<p>Girls lack adequate access to menstruation resources and facilities.</p> <p>Girls are discouraged from learning science, technology, engineering, and math (STEM).</p> <p>Non-binary adolescents face difficulties accessing toilets and public resources.</p>	<p>Sex-segregated labour markets and the gender wage gap mean women are often paid less money than men, even for the same work.</p> <p>Adults who identify as non-binary can be discriminated against in the job market and are less likely to access high-income jobs.</p> <p>Women have limited access to community and governance forums.</p>
<b>Laws, Policies, Regulations, and Institutional Practices</b>	<p>In 69 countries, corporal punishment has not been prohibited in schools. Boys are more likely to receive corporal punishment than girls.</p> <p>Discriminatory inheritance laws limit females' property rights.</p> <p>There is a lack of legislation and protection against forms of gender-based violence such like female genital mutilation or cutting (FGM/C).</p>	<p>There is a lack of legal protections and enforcement against all forms of gender-based violence and harmful practices such as female genital mutilation and/or child, early, and forced marriage and unions.</p> <p>Policies that prevent pregnant girls from attending school.</p> <p>Lack of gender recognition laws which would enable people who identify as non-binary to have their gender identity officially recognised on official documents such a country IDs, driver's licenses, passports.</p>	<p>Lack of social safety net policies and services (e.g., parental leave, public daycare), which increases women's caretaking burdens.</p> <p>Inadequate or poorly implemented anti-sexual harassment policies at work disproportionately harm women.</p> <p>Lack of same-sex marriage laws.</p> <p>Lack of anti-discrimination laws to protect people on the basis of their gender.</p> <p>Laws that interfere with women's sexual and reproductive health and rights, like laws that criminalise abortion.</p>
<b>Roles, Responsibilities, and Time Use</b>	<p>Beginning around age five, girls spend more time than boys on household chores and other forms of unpaid labour.</p>	<p>Gender biases in education curricula and vocational training programmes discourage girls from pursuing subjects and careers that are considered masculine (e.g. economics, STEM, etc).</p>	<p>Women spend more time than men on unpaid household and care work.</p> <p>Double or triple shift whereby women juggle dual work burdens of domestic and income-earning work.</p> <p>Occupational segregation pushes women into lower-paid and informal jobs.</p>

**Table 3: Examples of Gender-based Barriers Across the Life Cycle**

	<b>CHILDHOOD</b>	<b>ADOLESCENCE</b>	<b>ADULTHOOD</b>
<b>Patterns of Decision-Making</b>	Girls typically have less power to influence decisions over their lives than boys as their rights and personhood are less valued and respected.	Girls are often discouraged from leadership positions and participating in school and community governance groups.  Few organisations are girl-led or represent the interests of girls and non-binary adolescents at the community and national level.	Women and people who identify as non-binary are underrepresented in community, regional, and national leadership positions.
<b>Safety, Dignity, and Well-being</b>	Children who identify as non-binary are at risk of gender-based violence.  Girls' physical safety can be compromised. Foeticide (sex selective abortions) and infanticide result in estimated hundreds of millions of missing women and girls around the world.	Girls are most at risk for gender-based violence, including psychological, physical and sexual violence, and child, early, and forced marriage and unions.  Boys who witness and experience violence growing up are more likely to use violence against their children and partners/spouses later in life.  Adolescents who identify as non-binary often face extreme social stigma, discrimination, and violence at home, school, and in public places.	One in three women will experience physical or sexual violence in their lifetime.  Violence and harassment against adults who identify as non-binary are prevalent in many countries and legal protections are often weak or poorly enforced.
<b>Social Norms, Practices, and Beliefs</b>	Preference for sons and a belief that boys have more value than girls.  Intersex children are usually not registered or identified at birth.  Boys are discouraged from expressing emotions.	Rigid gender norms limit acceptable behaviour for boys and girls. Children are socialised to associate maleness with power, assertiveness, leadership, and competitiveness while femaleness is associated with weakness.  Social stigma against non-binary adolescents who are perceived as not conforming to gender norms.  Gender-specific stigma such as taboos about menstrual hygiene, adolescent pregnancy, etc.  Unequal gender norms that limit girls' mobility and autonomy.	Social norms reinforce men's dominance at home, work, and in public life.  There is stigma that discourages men's involvement in domestic and caregiving work.  Harmful masculinities increase risks and pressures for men and boys (e.g., social isolation, mental health issues, normalisation of violence).

# POWER DIFFERENTIALS

# AGE



## Age: Primary System of Discrimination is Ageism

### Key Points

- Childhood spans the first 18 years of life, and a GAP analysis should examine the age-specific needs of children, very young adolescents, older adolescents, and youth.
- Children experience age-based discrimination when their right to participate in decision-making—their right to be heard—is not recognised.
- Focusing on children’s participation and aligning with a rights-based approach is essential to improve children’s well-being.
- Research and programming should never deny children’s rights because of protection or safety concerns. Instead, staff and partners should mitigate risks, adapt, and find innovative solutions.

Age is a key power differential throughout a person’s life. It influences all domains of life from an individual’s access to resources and opportunities to their ability to make decisions about their own body. Understanding how age shapes children’s experiences is critical to ensure a GAP analysis is child-centred and that programming and advocacy protect and increase children’s participation, rights, and well-being. This section examines conceptualisations of childhood and children’s capabilities to inform how SC staff and partners investigate marginalisation and discrimination against children, including violations of their rights.

Childhood spans the first 18 years of life,<sup>4</sup> and children live in an environment largely designed by and for adults. Their experiences of public space and community and social interactions are structured by the attitudes and beliefs of adults. Adults’ perceptions predominantly cast children as incapable and partially formed people. They typically perceive children as ‘human becomings’ instead of human beings.<sup>5</sup> This view implies that children are not capable, wise, informed, or experienced enough, and are not entitled to enjoy the same level of respect and consideration as adults.<sup>6</sup>



## KEY DEFINITIONS

**Age:** the length of time a person has lived, which does not necessarily indicate their skills, knowledge, and capacities.

**Ageism:** prejudice and/or any form of discrimination based on age.

### Age Ranges

Within childhood, particular periods are marked by significant social, cognitive, and emotional development. Definitions of age ranges for infants, children, very young adolescents, and older adolescents differ across contexts. When defining age ranges within childhood (0-18 years), SC encourages consideration of local definitions and analysis of children’s roles and responsibilities, which may vary considerably. For example, child, early, and forced marriage or motherhood may lead to girls under 18 years old being treated as adults though they may lack legal rights as such.

## POWER DIFFERENTIALS

# AGE

Verbal and non-verbal communication is infused with the received ‘wisdom’ that the younger and smaller a person, the less socially significant they are. As a result, adults frequently underestimate children’s capabilities, overlook their knowledge and contributions, and deny their inherent rights. Viewed as incapable because they are not adults, children have less social power and are often marginalised and prevented from participating in decision-making. Children experience age-based discrimination when their right to participate in decision making—their right to be heard—is not recognised by adults or supported by the structures and systems in which they live.

Many policies and programmes approach children as a monolithic, dependent group that primarily needs and benefits from social welfare services relying on working adults.<sup>7</sup> When we treat children simply as dependents, though, we fail to recognise their capabilities, agency, value, and rights. Furthermore, the notion that all children should only be supported or encouraged to express their views when their safety can be guaranteed risks denying children their civil and political rights as well as perpetuating paternalistic cultures wherein adults always know best and are in control. It also denies the resistance, resilience, and reality of children’s lives.<sup>8</sup>

**TO APPRECIATE THE INTERDEPENDENCY OF CHILDREN’S RIGHTS, A WIDER AND DEEPER CONCEPTION OF PROTECTION IS NECESSARY; IT MUST DERIVE FROM CHILDREN’S SUBJECTIVE EXPERIENCES OF SAFETY AND SUFFERING, NOT FROM THE NEED OR DESIRE OF ADULTS TO BE RESCUERS AND SAVIOURS... THIS IS BECAUSE BEING HEARD AND BEING SAFE EXIST IN THE SAME SPACE FOR CHILDREN (AND ALL HUMAN BEINGS)... SILENCED AND IGNORED CHILDREN ARE NOT SAFE; ABUSED AND EXPLOITED CHILDREN ARE NOT HEARD.<sup>9</sup>**

In practical terms, we know there can be risks in supporting a child’s right to things like education or healthcare, particularly for girls. However, we never consider the option of denying these rights because of protection or safety concerns. Instead, we mitigate risks, adapt our programmes, and find innovative solutions. Yet when it comes to supporting the right to be heard, too often SC and partners choose protection over participation and do not recognise the indivisibility of these rights. SC challenges these negative and incomplete views of children by recognising their inherent right to be heard, valuing their contributions, and acknowledging the agency they exercise in their own lives.

## POWER DIFFERENTIALS

# AGE

Article 12 of the CRC—the child’s right to be heard—is the fundamental tenet for children’s participation. As one of the four guiding principles of the CRC, Article 12 is both connected to and indivisible from all other rights enshrined in the Convention. There are additional articles that specifically intersect with Article 12 and directly help to define the meaningful participation of children. These civil rights have been broadly conceptualised under the term “participation” and include the rights to freedom of expression, thought, conscience, religion, association, and peaceful assembly as well as the rights to protection of privacy and access to information (Articles 13–17 of the CRC). This focus on children’s participation and alignment with the UNCRC and a rights-based approach is essential to improve children’s well-being. To promote and support children’s participation in all matters affecting them is to meet human rights obligations and to respect children and their rights.

Children’s lack of social power and status leaves them vulnerable to rights violations, including abuse and exploitation. At times, the specific, age-related needs and rights of children are overlooked, especially when age intersects with other power differentials or forms of oppression. For example, both age and gender often shape decision-making power within a household, with young girls facing an increased risk of discrimination.<sup>10</sup> If not addressed, privileges and disadvantages accumulate over the life course and can result in widening disparities and inequalities into adulthood.

Rights violations based on age can also affect adults, including elderly people. Parents/caregivers, families, and communities can experience age-based discrimination, which in turn affects children’s rights and well-being. A GAP analysis should always include an examination of unequal power relations that perpetuate age-based rights violations and inequality. It is critical that SC staff and partners work with communities to engage diverse groups of children and adults, facilitate their participation in research, and examine their roles in cultural, political, legal, and economic structures.



## POWER DIFFERENTIALS

# SEXUAL ORIENTATION



### **Sexual Orientation: Primary Systems of Exclusion are Heteronormativity, Homophobia, and Biphobia**

#### Key Points

- All people have a sexual orientation, gender identity and expression, and sex characteristics (SOGIESC).
- How people define their SOGIESC varies widely across cultures and over space and time.
- A person's sexual orientation is not tied to their gender identity or expression.
- Prior to any data collection staff and partners should assess potential risks with gathering and storing SOGIESC data.

Everyone has a sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). People understand and express their SOGIESC differently across societies. People whose SOGIESC differ or are perceived to diverge from dominant social norms often experience violence, prejudice, harassment, bias, and exclusion. Heteronormativity, cisnormativity, and binary assumptions of gender underpin the violence and discrimination experienced by adults and children whose SOGIESC varies from traditional gender norms and expectations. People describe their sexual orientation in different ways. Bisexual, heterosexual, homosexual, and asexual are examples but do not comprise an exhaustive list. It is important to note that a person's sexual orientation is not tied to their gender identity or expression. For example, just because a person identifies as a woman does not mean that she is heterosexual.

Heteronormativity refers to social and institutional practices that assume heterosexual attraction and relationships as the normal, preferred, or natural form of sexuality. Similarly, cisnormativity refers to practices that assume that a person's gender identity matches their sex assigned at birth. The gender binary is vital to sustaining inequality and discrimination, including sexism, heteronormativity, cisnormativity, and reinforcing homophobia and biphobia. Heteronormativity is institutionalised around the world through laws prohibiting same-sex marriage and stigmatising or criminalising consensual sexual conduct between adults of the same sex.



## KEY DEFINITIONS

**Sexual Orientation:** A person's physical, romantic, emotional, and/or spiritual attraction to another person. An individual's sexual orientation is independent of their gender identity.

**Heteronormativity:** The assumption that everyone is heterosexual and that heterosexuality is superior to homosexuality, bisexuality, and other sexual orientations.

**Homophobia:** The irrational fear, discomfort with, or hatred/intolerance of people who are attracted to members of the same sex. Homophobic behaviour can range from telling offensive jokes to verbal abuse to acts of physical violence.

**Biphobia:** The irrational fear and hatred of, or discomfort with, people who love and are sexually attracted to more than one gender.





## POWER DIFFERENTIALS

# SEXUAL ORIENTATION

There is strong evidence that children in all societies who do not identify as heterosexual and/or cisgender or do not conform to expected gender norms experience distress as they recognise the negative ways their society views their SOGIESC. The process of reconciling internal feelings with prejudice and discrimination is a complex and sometimes difficult one. Numerous studies have found that LGBTQI+<sup>11</sup> youth, for example, are more likely than their peers to die of suicide.<sup>12</sup> These higher rates may be due to bias, discrimination, family rejection, and/or other stressors associated with how they are treated because of their SOGIESC.

These challenges can contribute to anxiety, depression, and other mental health challenges, as well as to suicide and self-harming behaviour. Increasing evidence also indicates that [LGBTQI+ people have](#) lower education outcomes due to bullying, discrimination, and violence; higher unemployment rates; and a lack of access to adequate housing and health and financial services. Lack of legal protections and weak enforcement of existing protections are widespread problems as well. These inequalities can be exacerbated through intersecting forms of discrimination or in times of conflict and crisis and can push children and adults further toward the margins of society.

**NOTE:** It is important to apply the ‘do no harm’ guiding principle when a GAP analysis examines issues related to SOGIESC. There are elevated risks for stigmatisation, harassment, violence, and in some cases, criminal prosecution for children and adults based on their SOGIESC. Please refer to [Part 2, the Do No Harm principle](#) and [Part 3, Step 6 for Research Considerations for Gender and Sexual Minorities](#).

**Save the Children’s Policy Position: Sexual Orientation and Gender Identity and Expression (SOGIE)** outlines the organisation’s support for “the rights of all children, whatever their SOGIE, to safety, protection, participation and to be free from discrimination, persecution, and violence.”



As of 2020, national laws in 68 countries criminalise same-sex relations between consenting adults. At least nine countries have national laws that criminalise forms of gender expression that target people who identify or are perceived to identify as non-binary.

**Source:** [Human Rights Watch, Maps of Anti-LGBT Laws Country by Country](#)

## POWER DIFFERENTIALS

# SOCIO-ECONOMIC STATUS



### Socio-Economic Status: Primary System of Discrimination is Classism

#### Key Points

- Eradicating gender and social barriers is necessary for social mobility.
- It is important to avoid a deficit-based approach, which blames people for their socio-economic status.
- The unequal distribution of resources and systemic discrimination contribute to inequality.
- Access to money alone is often not enough to overcome socio-economic inequalities. Examining and enhancing cultural and social capital is also critical.

Socio-economic status is determined by categorising people based on factors such as employment, income, and wealth. Individual societies determine status differently. The status both reflects and impacts the resources and opportunities to which children and adults have access. It is not inevitable that a person will remain in the same socio-economic group throughout their life. Social mobility may be possible when gender and social barriers are eradicated and people have more equitable access to and control over resources and opportunities such as receiving a quality education or securing decent employment.

The socio-economic standing of a child's family significantly impacts the likelihood that they will attend school, pursue higher education, and/or find prestigious and high-paying work. It can include financial capital, like money, as well as physical capital, like land and other assets. With greater economic means, families can afford to send children to school and provide adequate food and healthcare. Higher socio-economic status can also indicate families' cultural/human capital (socially valued knowledge and skills) that can help children succeed in school as well as enhance their social capital (connections and networks) that can help youth find jobs. Without access to resources and opportunities, children can become trapped within and reproduce the cycle of poverty.<sup>13</sup>

Critiques of development and humanitarian approaches have highlighted how development actors have constructed the category of “the poor”<sup>14</sup> by labelling and categorising people primarily based on their class or socio-economic standing. This deficit-based approach focuses on what people do not have and fails to recognise the resources, networks, abilities, and resilience of people living in poverty. It suggests that “the poor” are a social problem and overlooks how the unequal distribution of resources and systemic discrimination contribute to poverty, inequality, and discrimination.



## KEY DEFINITIONS

### Socio-economic status:

The social standing of an individual or group that is usually measured as a combination of income, wealth, education, and occupation.

**Classism:** Prejudice and/or discrimination based on economic class or socio-economic status.



## POWER DIFFERENTIALS

# SOCIO-ECONOMIC STATUS

When evaluating people's socio-economic standing, it is important to acknowledge people's resources and capabilities and identify how systems of oppression, power differentials, and inequality contribute to poverty. For instance, a deficit-based model highlights the 'achievement gap' between those earning a high income compared to those with low incomes. An asset-based approach, though, frames the issue as an 'opportunity gap,' shifting the focus from an individual's failings to the systemic lack of opportunity and access to resources that has inhibited them from excelling.

It is critical for SC staff and partners to examine and address classism in their work as socio-economic differences between researchers and research participants can impact GAP analysis research and project implementation. Additionally, a GAP analysis enables us to look beyond the household level and examine intra-household dynamics. For instance, while a household may not be categorised as low income, resources such as food and access to education might not be distributed equitably within the household. Women and girls in particular might not have equitable access to household resources. The collection and analysis of data disaggregated by gender, socio-economic status, age, and other power differentials allows for nuanced and evidenced-based recommendations and programming.



# POWER DIFFERENTIALS

# DISABILITY



## Disability: Primary System of Discrimination is Ableism

### Key Points

- Disability is a social problem caused by barriers in society that prevent persons with impairments from participating equally.
- Persons with disabilities are 'rights-holders' with their own agency to affect change and hold duty bearers accountable.
- We should remove attitudinal, institutional, environmental, financial, and communication barriers to accommodate people living with impairment.

The concept of disability has evolved over time. The internationally recognised definition of disability outlined in the UN Convention on the Rights of Persons with Disabilities<sup>15</sup> represents a paradigm shift from viewing disability as a problem that lies within the individual to identifying disability as a social problem caused by barriers in society that prevent persons with impairments from participating equally. Disability results from the interaction between persons with impairments and barriers in society. This Social Model of disability implies that, with support for their rights and an enabling environment, individuals with impairments can fully participate in society on an equal basis with others, thus removing the disability even if the impairment remains.

Previous models of disability, such as the Charity and Medical Models, did not respect the dignity of individuals. The Charity Model suggested that persons with disabilities were powerless and deserving of pity. The Medical Model of disability is similarly problematic; it focuses on the individual with the impairment, viewing the impairment as a problem to be 'solved' or 'fixed.' In both the Charity and Medical Models, the individual with an impairment is seen to be the problem rather than the problem lying with the rigid social expectations and discriminatory conditions in their society.

The Social Model recognises that society is filled with attitudinal, environmental, communication, financial, institutional (e.g., policy), and social hurdles. The Social Model maintains that the physical and social environment must change to enable people living with impairments to participate in society on an equal basis with others. The Social Model does not deny the reality of impairment nor its impact on the individual. Rather it challenges us to alter the physical and social environment to remove barriers and accommodate persons with impairments.



## KEY DEFINITIONS

**Person with a Disability:** "A person who has long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others" (Article 1 of the Convention on the Rights of Persons with Disabilities). Common types of barriers are related to attitudes, environment, communication, finances, and institutions/policies.

**Impairment:** A loss or reduction of a body structure or function. It can be physical, mental, intellectual, or sensory.

**Ableism:** Prejudice and/or discrimination against persons with disabilities.

# POWER DIFFERENTIALS

# DISABILITY

**Attitudinal barriers** are negative beliefs, stereotypes, or perceptions about a person with a disability that usually come from society or local culture. These attitudes foster prejudice and discrimination against persons with a disability and limit their enjoyment of basic human rights. Examples include teachers with low expectations for students with disabilities, parents who assume children with disabilities are unable to integrate into schools, or families who hide a child with a disability. Attitudinal barriers evolve over time and can perpetuate discrimination into adulthood.

**Environmental barriers** include physical obstacles in the natural and physical environment. Examples include steps leading into a health centre, a steep hill leading to a school, a bus without a drop-down platform, or a toilet without railings.

**Institutional barriers** are restrictions established through policy, legislation, and formal structures that prevent persons with disabilities from fully participating in society on an equal basis. Examples include legislation that prohibits equality before the law, school policies that automatically recommend special schools for children with disabilities, and policies that do not subsidise the cost for assistive devices, personal assistance, or rehabilitation.

**Communication barriers** are those arising when a person's preferred way of communicating, sharing, and understanding information does not match the information delivery system. For example, often information is only available in one format (visual or auditory) which limits access and understanding.

**Financial barriers** are the extra costs for a person with a disability to participate in day-to-day life. Examples of necessary items and services that incur costs are essential products such as medicines or assistive devices, services such as rehabilitation or sign language interpretation, and assistance from personnel such as a guide or education aide.



# POWER DIFFERENTIALS

# DISABILITY

## Intersectional Case Study: Violence Experienced by Cambodian Women with Disabilities

Findings from research on gender-based violence experienced by Cambodian women with disabilities found that they face similar levels of intimate partner violence as do women without disabilities.

They are, however, five times more likely to experience sexual violence at the hands of a family member. They are also less likely to disclose and seek help following violence.

The study was the first time many of the women in the survey felt they could speak aloud about the discrimination and disadvantages they face. The Cambodian government referenced the findings in its plans on gender equality and combatting violence against women, as did other international frameworks. (Astbury, Jill. Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia. <https://iwda.org.au/resource/report-triple-jeopardy/>)



# POWER DIFFERENTIALS

# DISABILITY

The Social Model forms the basis for the Rights-based Model of disability, which also seeks to change society by removing barriers and to accommodate people living with impairment rather than seeking to change persons with impairment to accommodate society. It sees persons with disabilities as ‘rights-holders’ with their own agency to affect change and to hold duty bearers accountable. It allows persons with disabilities to live their lives independently with decision-making power over their own health and other issues relating to their impairment. The Rights-based Model recognises that equal rights and autonomy are not dependent on treatment, rehabilitation, or conforming to a ‘norm,’ but that all human beings have the same value and rights.

In line with the Social and Rights-based Models, SC uses ‘person-first’ language when referring to persons with disabilities (e.g., saying “a person with a disability” rather than “a disabled person,” “children with disabilities” instead of “disabled children,” (a person who is blind or partially sighted) instead of “a visually impaired person,” etc.). This language puts the individual first, highlights their humanity, and recognises their multiple identities.<sup>16</sup> “Children with special needs” should not be used as all children have the same needs even if we may meet them differently. Instead, for the education context where this term is most commonly used, the preferred language is learners with disabilities.

In many societies, children with disabilities face barriers in the form of prejudice, negative attitudes, stigmatisation, inadequate and inaccessible information and communication, and poor access to services and assistive devices.<sup>17</sup> A significant number of impairments and consequent disabilities are directly caused by preventable factors, including poverty, malnutrition, violence, accidents, trauma, war, and preventable disease. People with disabilities are more likely to experience poverty because they are often excluded from mainstream health, education, and economic opportunities. Poverty can increase the likelihood of disability due to injury and disease associated with poor nutrition, lack of clean water, and unsafe work practices.<sup>18</sup>



## RESOURCE SPOTLIGHT

United Nations Human Rights Council Resolution on ‘Accelerating efforts to eliminate all forms of violence against women and girls: preventing and responding to all forms of violence against women and girls with disabilities.’ The resolution calls on States to ensure the participation of women and girls in decision-making processes and leadership roles; and to take effective action to ensure the realisation of sexual and reproductive rights of women and girls with disabilities, including survivors.

# POWER DIFFERENTIALS

# DISABILITY

Social stigma is a particularly pervasive problem across many contexts and contributes to discrimination against people with disabilities. Sometimes development and humanitarian programmes focus exclusively on the medical needs of people with disabilities without realising that negative attitudes, discrimination, and stigma are often the most limiting barriers that persons with disabilities face.

Girls and young women with disabilities are more likely to experience violence than their male peers with disabilities or girls and young women without disabilities. Belonging to a racial, religious, or sexual minority group or living in poverty increases this risk. Women with disabilities also experience discrimination across all sectors of society. Women with disabilities are three times more likely to have unmet healthcare needs than those without disabilities.<sup>19</sup> Almost a third of births by mothers with disabilities are not attended by a skilled health worker.<sup>20</sup> In the design of inclusive and equitable research and programming, it is crucial to identify and attend to the complex ways that disability intersects with other power differentials such as gender and socio-economic status.



### **Women and girls with disabilities are:<sup>21</sup>**

- Two to three times more likely to experience physical or sexual abuse than women and girls without disability.
- At increased risk of forced marriage, sterilisations, abortions, and institutionalisation.
- Less likely to complete primary school education, and as a result have less access than other women to employment opportunities.

**Source:** [CBM Disability and Gender Analysis Toolkit](#)



# POWER DIFFERENTIALS

## RACE, ETHNICITY, CASTE, & INDIGENEITY



### KEY DEFINITIONS

**Race:** A classification system that groups people based on perceived biological differences such as skin colour, hair texture, and facial features.

**Ethnicity:** Group identity based on common characteristics, including culture, nationality, religion, language, traditions, and customs.

**Caste:** Form of social stratification based on descent; ascribed at birth.

**Colourism:** Prejudice or discrimination based on the colour of a person's skin. It is the process by which people of colour are awarded advantages based on their observable proximity to whiteness.

**Indigeneity:** The distinguishing characteristic of indigenous people who are typically considered the First People of a specific area. Given the variety of indigenous peoples around the world, the UN has not adopted an official definition of the term 'indigenous.' Instead, it uses the following principles to identify indigenous peoples:

- Self-identification at the individual level and accepted by the community as a member.
- Historical continuity with precolonial and/or pre-settler societies.
- Strong link to territories and surrounding natural resources.
- Distinct social, economic, or political systems.
- Distinct language, culture, and beliefs.
- Form non-dominant groups of society.
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities. (UN Fact Sheet: [Who are Indigenous Peoples](#)).

**Racism:** Discriminatory attitudes, beliefs, and actions against people due to their perceived racial identity or racial group membership.

**Xenophobia:** Prejudice and discrimination that reject, exclude, and often vilify people based on the perception that they are outsiders or foreigners to the community, society, or national identity. Xenophobic behaviour is based on existing ethnic, religious, cultural, and/or national prejudice. Those who are perceived to be outsiders or foreigners—often migrants, refugees, asylum-seekers, displaced persons, and/or non-nationals—are primary targets.

## POWER DIFFERENTIALS

# RACE, ETHNICITY, CASTE, & INDIGENEITY



### **Race, Ethnicity, Caste, and Indigeneity: Primary Systems of Discrimination are Racism, Colourism, and Xenophobia**

#### **Key Points**

- Race, ethnicity, caste, and indigeneity are classifications that are made up by society and can vary over time and place.
- Although these categories are social constructs, discrimination based on them has real consequences for people's lives.
- Identities based on these categories can be imposed by the State or other powerful actors, and/or be claimed by people and groups.

Racial, ethnic, and cultural groups are not homogenous, and there are no innate characteristics (biological or social) shared by any one group. Like other social constructs, race and ethnicity are classifications that are made up by society, and can vary over time and place. The same is true for other categories related to ancestry or cultural association such as tribe, caste, and indigenous groupings. These racial, ethnic, and cultural identities can be imposed by the State or other powerful actors, or be claimed by people and groups as they self-identify with these categories.

Even though race, ethnicity, and similar categories are social constructs, discrimination based on these characteristics has real consequences for people's lives. The concepts of race, ethnicity, caste, tribe, and indigeneity have been used to justify colonialism, imperialism, genocide, and systematic domination of groups of people across the globe. While race, ethnicity, caste, and indigeneity have been used as the basis for systemic discrimination for centuries, these categories also form the basis for individual and shared identities and are important sources of meaning, belonging, and community. Recognising differences across these power differentials is not a problem; rather the problem lies in the unequal distribution of power based on race, ethnicity, caste, and indigeneity.

Racial and ethnic minorities can face implicit and explicit discrimination in all aspects of life—in the economic, political, legal, and cultural spheres and through all levels of society and actors, including from families and communities, as well as from the state. At the individual level, children can internalise racism and xenophobia, causing them to think negatively about themselves or be prejudiced against others. Within families and communities, colourism (discrimination based on skin colour)<sup>22</sup> is often a source of conflict and unequal treatment. It is related to racism and xenophobia as skin colour is often assumed to indicate membership in a particular racial or ethnic group.

# POWER DIFFERENTIALS

## RACE, ETHNICITY, CASTE, & INDIGENEITY

Where relevant (and safe), collection of demographic data on racial, ethnic, caste, and indigenous backgrounds during GAP analysis can help to understand people's experiences and shed light on the rights violations, exclusion, discrimination, or gaps in access, participation and control. It can also highlight culturally significant beliefs and practices and community strengths and assets that may support shifting power and designing and implementing more relevant and effective programming and advocacy.



## POWER DIFFERENTIALS

# NATIONALITY AND MIGRANT, REFUGEE, & INTERNALLY DISPLACED STATUS

### Nationality, Migratory, Internally Displaced, and Refugee Status: Primary Systems of Discrimination are Racism, Xenophobia, and Lack of Legal Status

#### Key Points

- Rights violations are commonly perpetuated against irregular migrants, refugees, and internally displaced persons.
- Children on the move face increased risks of violence, abuse, and various forms of exploitation. Boys make up most unaccompanied and separated children, while girls are the more likely to be trafficked.
- For women and girls, the threat of gender-based violence during migration and displacement is significant.

UNESCO describes migration as “an expression of the human aspiration for safety, dignity and a better future,” but also as “a source of divisions within and between States and societies.”<sup>23</sup>

A surge in protracted crises and conflicts, environmental degradation and disasters, and rising global inequalities is pushing greater numbers of people, including children, to leave their homes.



### KEY DEFINITIONS

**Nationality:** The legally recognised status of belonging to a particular nation. It entitles people to social, civil, economic, and political rights within a nation, including the right to citizenship.

**Migrant:** Any person who is moving or has moved across an international border or within a state away from their habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.

**Refugee:** Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion.

**Internally displaced persons:** Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or human-made disasters. Internally displaced persons have not crossed an internationally recognised state border.

**Stateless:** Someone who is denied any of the basic rights afforded to citizens of a particular country is stateless. Globally, the number of people, particularly children, who are stateless is rising.

**Racism and xenophobia:** See section on Race, Ethnicity, Caste, and Indigeneity for the definitions.

## POWER DIFFERENTIALS

# NATIONALITY AND MIGRANT, REFUGEE, & INTERNALLY DISPLACED STATUS

Irregular migrants are those without legal documentation. Irregular migration is the movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the state of origin, transit, or destination. While migration may be empowering and a positive experience for some, rights violations are common, especially of irregular migrants, refugees, and internally displaced persons. These rights violations routinely occur in transit, at borders, and in the countries to which people move or migrate.<sup>24</sup>

In many places, nationality and citizenship have historically been a male privilege, rooted in stereotypes of men as heads of households, decision-makers, and actors in public spaces.<sup>25</sup> In these systems, many women, young people, and men of lower social status have been unable to claim many of the privileges of citizenship (e.g., owning and inheriting property) as well as the responsibilities and rights of participating in governance (e.g., voting and running for public office). Statelessness, a consequence of discriminatory nationality laws, has had devastating impacts on children, limiting their access to education and healthcare and putting them at risk of violence and trafficking, in addition to increasing their feelings of isolation and exclusion.<sup>26</sup>

Children on the move face increased risks of violence, abuse, and various forms of exploitation both during their travels and once they reach their destination. These risks increase when they are unaccompanied or separated from their caregivers. Most unaccompanied and separated children are boys. Risks are also exacerbated when migrating through irregular channels and when children do not have identity papers or related documentation. For women, girls, and sexual minorities, the threat of gender-based violence during migration and displacement is significant.<sup>27</sup> Girls represent the vast majority of child trafficking victims.<sup>28</sup> Once they arrive at their destination or asylum country, risks of gender-based violence remain, especially where protective services do not exist or are insufficient.<sup>29</sup> Displaced children are more likely to experience malnutrition, be denied access to education, be married early, or be recruited into armed forces.<sup>30</sup>



## ANNEX ONE

# ENDNOTES:

<sup>1</sup> World Health Organization. [Causes of death among adolescents](#).

<sup>2</sup> InterACT. [Advocates for Intersex Youth](#).

<sup>3</sup> For additional information, see [InterACT: Advocates for Intersex Youth, What is Intersex?](#)

<sup>4</sup> Article 1 of the UNCRC provides a broad, international definition of childhood: “every human being below the age of eighteen years.” However, it also acknowledges that the legal age of majority may be lower.

<sup>5</sup> Qvortrop, J. (1985). “Placing Children in the Division of Labour,” *Family and Modern Society*.

<sup>6</sup> Verhellen, E. (2015). “The Convention on the Rights of the Child. Reflections from a Historical, Social Policy and Educational Perspective,” *Routledge International Handbook of Children’s Rights Studies*.

<sup>7</sup> Vera-Sanso, Penny & Caroline Sweetman. (2009). *Gender & Development*.

<sup>8</sup> Kapell, Alana. *Save the Children Discussion Paper on Children’s Participation*.

<sup>9</sup> Kapell, Alana. *Save the Children Discussion Paper on Children’s Participation*.

<sup>10</sup> Sohoni, N. K. (1995). *The Burden of Girlhood: A global inquiry into the status of girls*.

<sup>11</sup> LGBTQI+ is an acronym for people who identify as lesbian, gay, bisexual, transgender, queer, and intersex. It is inclusive of a broad range of people across the LGBTQI community; though it is not exhaustive, and it is not universally used.

<sup>12</sup> The Trevor Project. [Facts about Suicide](#).

<sup>13</sup> Save the Children. 2021. *Youth Economic Empowerment Framework: A Gender-Transformative Approach*.

<sup>14</sup> Escobar, Arturo. 1995. *Encountering Development: The Making and Unmaking of the Third World*.

<sup>15</sup> Article 1. *United Nations Convention on the Rights of People with Disabilities*. However, ‘episodic’ has been added to the definition in line with the evolving concept of disability referred to in the Convention on the Rights of People with Disability preamble. This is particularly important for humanitarian organisations that are more likely to be exposed to situations that may lead to episodic disabilities such as mental health conditions.

<sup>16</sup> Language Guide, People with Disability Australia (PWDA), <https://pwd.org.au/resources/disability-info/language-guide/identity-vs-person/>. The resource outlines appropriate organisational language including the use of people first language. It is also important to acknowledge and respect the terminology people prefer to use or have used to describe them. For instance, some people prefer the term disabled and see it as an important part of their identity.

<sup>17</sup> Save the Children Resource Center. [Children with Disabilities](#).

<sup>18</sup> Save the Children Australia. [Disability Inclusion Action Plan 2018-2021](#).

<sup>19</sup> UNICEF. (2021). [Combatting the Costs of Exclusion for Children with Disabilities and their Families](#)

<sup>20</sup> Ibid.

<sup>21</sup> Source: CBM Disability and Gender Analysis Toolkit

<sup>22</sup> Author and activist Alice Walker is the person most often credited with first using the word colourism, out loud and in print. In an essay that appeared in her 1983 book, *In Search of our Mothers’ Gardens*, Walker defined colourism as “prejudicial or preferential treatment of same-race people based solely on their colour.”

<sup>23</sup> UNESCO. (2018). *Global Education Monitoring Report: Migration, Displacement, and Education*.

## ANNEX ONE

# ENDNOTES:

<sup>24</sup> UN Department of Economic and Social Affairs. (2017). [The International Migration Report](#).

<sup>25</sup> Yuval-Davis, N. (1997). *Gender and Nation*.

<sup>26</sup> UNHCR. [Gender Discrimination and Childhood Statelessness](#).

<sup>27</sup> Text modified slightly from Save the Children. (2018). *Protecting Children on the Move: A guide to Programming for Children Affected by Migration and Displacement*.

<sup>28</sup> UNICEF. (2018). [Children on the Move: Key Facts & Figures](#).

<sup>29</sup> Mixed Migration Platform. (2017). *Underage, Undocumented and Alone (Briefing Paper No. 6)*.

<sup>30</sup> Save the Children. (2019). [Durable Solutions for Children Toolkit](#).



## ANNEX TWO

# THE WHAT:

Thematic Research Questions

 Child Poverty

 Health & Nutrition

 Education

 Child Protection

 Child Rights  
Governance



## ANNEX TWO

# THE WHAT:

## Thematic/Sector-Specific Research Questions

### Developing Gender and Power Analysis Research Questions

**The WHAT** provides **examples** of broad, thematic/sector-specific research questions to assist the GAP Analysis Team to develop customised research questions. The **illustrative** questions are organised by each of Save the Children's (SC's) thematic priorities—Child Poverty, Health and Nutrition, Education, Child Protection, and Child Rights Governance. The questions examine barriers to gender equality and social justice across all domains of analysis and levels of the socio-ecological model—individual, interpersonal, community, and society.

The questions also reference gender, age, disability, and other power differentials to help teams investigate which people and groups (girls, women, boys, men, and children and adults who identify as non-binary) experience the most inequality and discrimination. They highlight how gender inequalities and hierarchies manifest and intersect with other systems of oppression and drivers of inequality. By covering the levels of the socio-ecological model, domains of analysis, and power differentials, the questions enable an intersectional analysis that investigates forms of power, privilege, and disadvantage across key social spheres.

Use the illustrative questions to inform the development of overarching/primary research questions and subquestions. **Modify the GAP analysis questions to ensure they are relevant to each context. To develop research questions, the GAP Analysis Team should consider the thematic area(s)/sector(s), participant population/community, context/location(s), relevant power differentials, levels of the socio-ecological model, and domains of analysis.**

**As the questions only serve as examples, teams will need to adapt them to focus on the power differentials that are important within the scope of the project/initiative.** Each research question that the GAP Analysis Team develops should be answered through the literature review and/or primary data collection.<sup>75</sup> The examples represent a small sample of the possible questions that can be included in any GAP analysis.

## ANNEX TWO

# THE WHAT:

## Thematic/Sector-Specific Research Questions

When referencing these sample questions, consider the ways sectors intersect and overlap. You may want to review and include questions from different sectors that might impact the project/initiative. Questions related to cross-cutting issues, like violence against children (VAC) and gender-based violence (GBV), are integrated throughout the thematic/sector-specific questions.

The research questions reference girls, boys, and children with non-binary gender identities. Where relevant, the questions also address youth and adults. They recognise that inclusive language and terminology will vary in each context. The language in any GAP Analysis should be inclusive and in line with SC's Gender Equality Policy and Policy Position on Sexual Orientation and Gender Identity and Expression (SOGIE).

**Note:** All individual-level data collected during primary data collection must be disaggregated by gender, age, and disability. For an intersectional approach, data also needs to be disaggregated by other relevant power differentials. It is recommended to disaggregate data by relevant social categorisations, including socio-economic status; race; ethnicity; caste; nationality; and migrant, internally displaced, and/or refugee status.

If you are planning to collect primary data on sexual orientation, gender identity, gender expression, and/or sex characteristics (SOGIESC), refer to [Part 3: The HOW: Ten Steps of GAP Analysis](#), Table 2: Research Considerations for Youth who Identify as Gender and Sexual Minorities. 'Do No Harm' is a significant concern for research that examines issues experienced by gender and sexual minorities (e.g., those who identify as having non-binary gender identities or lesbian, gay, bisexual, transgender, queer, and intersex people). People around the world who do not or are perceived not to conform to societal gender and sexual norms often face stigma, discrimination, violence, and, in some countries, criminalisation. The GAP Analysis must collect only necessary information and must aim to prevent and mitigate any potential harms caused by the research process and project design and implementation.<sup>76</sup>

### Domains of Analysis

-  1. Laws, Policies, Regulations, and Institutional Practices
-  2. Social Norms, Beliefs, and Practices
-  3. Roles, Responsibilities, and Time Use
-  4. Patterns of Decision-Making
-  5. Access to and Control Over Resources
-  6. Safety, Dignity, and Well-being

See [Part 3: The How: Ten Steps of GAP Analysis](#) for additional information on how to appropriately collect information on disability.

# CHILD POVERTY

## Adolescent and Youth Economic Opportunities

### Individual

- To what extent do youth in the community have access to secondary school, technical, and vocational education and trainings (TVET), entrepreneurship opportunities, and apprenticeships? Do rates of participation differ for youth based on power differentials such as their gender, disability, ethnicity, socio-economic status, etc.? What are the perceived barriers or constraints to their accessing these opportunities? (Access to and Control Over Resources)
- What aspirations and goals do youth (young women, young men, and youth with non-binary gender identities) have related to their economic opportunities and future jobs and careers? What constraints and opportunities do they perceive as helping to or hindering them from achieving their goals? (Access to and Control Over Resources)
- How do aspirations and goals vary among youth based on relevant power differentials (e.g., gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.)? (Social Norms, Practices, and Beliefs)
- Are decent work opportunities available to young women, young men, and youth with non-binary gender identities? How does access to these opportunities vary based on youth's gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What influences the decision-making of youth seeking TVET, apprenticeships, or decent work/business opportunities? Are the influences different for various groups of youth (e.g., young women vs young men with disabilities)? (Patterns of Decision-Making)
- What access do youth from different groups have to technology and digital skilling? (Access to and Control Over Resources)
- How do self-confidence and self-respect impact the ability of different groups of youth to access and pursue training, entrepreneurship and apprenticeship opportunities, and decent work? (Social Norms, Practices, and Beliefs)
- How are TVET, apprenticeships, or decent work opportunities designed to accommodate youth with disabilities or address gender barriers to male-dominated fields? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What types of mentorship opportunities and rolemodels do young women, young men, and youth with non-binary gender identities have? (Social Norms, Practices, and Beliefs)
- What challenges do young women, young men, and youth with non-binary gender identities face in seeking TVET, apprenticeships, or decent work/business opportunities? How do these challenges vary across groups? How do they differ from those experienced by other youth in the community, if at all? (Access to and Control Over Resources)
- What, if anything, boosted the ability of young women, young men, and youth with non-binary gender identities to find and secure decent work/apprenticeship/training? How did they learn about it? What interested them and motivated them to pursue the opportunity? (Access to and Control Over Resources; Patterns of Decision-Making)

# CHILD POVERTY

## Adolescent and Youth Economic Opportunities

### Interpersonal

- What or who influences the decision-making of young women, young men, and youth with non-binary gender identities around seeking employment, entrepreneurship activities/business, or further educational opportunities? How does this vary based on youth's gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use).
- How do young women, young men, and youth with non-binary gender identities make decisions on the use of earned money within the household? Are they expected to contribute to household expenses? Who else within the household influences or controls how their money is spent? (Social Norms, Practices, and Beliefs; Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- What do caregivers and other influential family members think of the work opportunities available to and appropriate for young women, young men, and youth with non-binary gender identities? Are there social constraints on what are appropriate jobs or activities for women and men? How do families support or inhibit young women from pursuing traditionally male jobs? (Patterns of Decision-Making; Social Norms, Practices, and Beliefs)
- How do family members' expectations for youth differ, for example, for married young women/men, young women/men with children, or youth with disabilities? (Social Norms, Practices, and Beliefs; Roles, Responsibilities, and Time Use)
- What importance do family members place on life skills such as financial literacy/management? What factors limit families' ability to support youth's development of life skills? (Access to and Control Over Resources)
- What kind of support (financial resources, physical resources, or others) do families provide to their young adult children who are entering the labour force? Is the support the same or different for all the young adult children in the family based on their gender or abilities? (Access to and Control Over Resources)
- What are young women's roles, responsibilities, and levels of participation in the family and community? How do they use their time? For example, how does this differ for young men and youth with non-binary gender identities who are from particular ethnic groups? How does this influence decent work opportunities available to them? (Roles, Responsibilities, and Time Use)

# CHILD POVERTY

## Adolescent and Youth Economic Opportunities

### Community

- What role models exist who have had success in their education, careers, or entrepreneurial activities? Do young women, young men, and youth with non-binary gender identities from different backgrounds (various ethnic and racial groups, etc.) have meaningful access to or contact with these role models? (Access to and Control Over Resources)
- What social or community norms exist that encourage or discourage young women, young men, and youth with non-binary gender identities from pursuing training or employment/business opportunities? Are some youth, like migrant youth or those from minority ethnic groups, affected more than others by these norms? (Social Norms, Practices, and Beliefs; Roles, Responsibilities, and Time Use)
- What does the community expect for young women, young men, and youth with non-binary gender identities from different groups once they finish school or when they drop out of school? How do these expectations support or impact their ability to pursue opportunities? (Social Norms, Practices, and Beliefs)
- How are jobs and careers “gendered?” Which jobs are considered traditionally male and female in this context? Are some of the jobs more lucrative/secure/in-demand than others? Which, if any, jobs are not reserved for a specific gender, race, ethnic group, socio-economic class, etc.? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)
- What risks might youth face when traveling to participate in trainings or business and trade? How does risk vary for different groups of youth based on gender: age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- Do risks hinder youth from participating in the workforce outside of the home or community? What risks (e.g., harassment and exploitation) do young men and women face at work? What measures can prevent and mitigate these safety risks? (Safety, Dignity, and Well-being)
- What barriers do young mothers face when accessing opportunities, especially around childcare? What facilities/provisions do they need to be able to participate while caring for young children? (Access to and Control Over Resources; Safety, Dignity, and Well-being)

# CHILD POVERTY

## Adolescent and Youth Economic Opportunities

### Society

- Do financial service providers have tailored services for different groups of youth? (Access to and Control Over Resources)
- Are capital and other resources equally available to young entrepreneurs from different groups? Are there programmes and policies that support young entrepreneurs (including mentorship programmes)? How are these programmes designed to meet the needs of different youth? (Access to and Control Over Resources)
- Do savings groups exist for young women and young men? Who participates in these groups? Which youth are not accessing these groups at equal levels? To what extent are all youth able to equally access loans through the savings group? Are all youth able to equally hold leadership positions within these groups? (Access to and Control Over Resources)
- What types of questions do employers ask prospective employees during an interview (particularly around pregnancy plans, childcare arrangements, and salary expectations)? Does this differ between interviewees, and if so, how? What are employers' policies and practices regarding hiring and promoting young women, young men, and youth with non-binary gender identities from different groups? (Access to and Control Over Resources)
- Do employers have hiring practices that favour one group over others? What, if any, biases do employers have toward different groups (e.g., based on gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.?) (Social Norms, Practices, and Beliefs; Laws, Policies, Regulations, and Institutional Practices)
- Do employers have policies regarding hiring and making accommodations in the workplace for prospective employees with disabilities? If employers are not hiring people with disabilities, why not? (Laws, Policies, Regulations, and Institutional Practices)
- Which employers are intentional about building a diverse workforce? What are some of the policies and practices they use to support a diverse workforce? What are some of the workplaces that are working to change discriminatory policies, practices, and laws? (Laws, Policies, Regulations, and Institutional Practices)
- Are workplaces and training facilities safe for young women, men, and youth with non-binary gender identities? Do workplaces and training facilities have policies to prevent and respond to incidents of sexual harassment and abuse of power? What measures are taken to create safe work environments for all employees? (Safety, Dignity, and Well-being)
- Do workplaces have policies on workplace safety or adequate facilities for the unique needs of different youth such as safe, clean bathrooms and adequate bathroom breaks for menstruating or lactating people? (Safety, Dignity and Well-being)
- Do government policies and programmes exist to promote youth economic empowerment? Do they reflect the input and needs of young women, young men, and youth with non-binary gender identities? (Laws, Policies, Regulations, and Institutional Practices)
- Do government policies and programmes exist that promote the employment of women, caste or ethnic groups, or youth with disabilities? Are employers adhering to such policies? If not, why? (Laws, Policies, Regulations, and Institutional Practices)

# CHILD POVERTY

## Agriculture and Inclusive Markets

### Individual

- What norms shape how economic activities are allocated to different groups of children and adults (e.g., based on gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.?) (Social Norms, Practices, and Beliefs)
- How are decisions made about which crops/animals to plant/rear? (Patterns of Decision-Making)
- What responsibilities do different groups of children and adults have in the various stages of rearing, processing, and marketing different kinds of animals? (Roles, Responsibilities, and Time Use)
- What responsibilities do children and adults have in the different stages of cultivation, processing, and marketing for different types of crops? (Roles, Responsibilities, and Time Use)
- What remunerated and non-remunerated activities do different groups of children (e.g., based on gender; age; socio-economic status; race; ethnicity; caste; indigeneity; etc.) perform inside and outside the household? (Roles, Responsibilities, and Time Use; Safety, Dignity, and Well-being)

### Interpersonal

- How are decisions made about income generated in the family? Who decides how spending should occur? (Access to and Control Over Resources; Patterns of Decision-Making)
- What risks of GBV are faced in the different stages of animal rearing and crop cultivation? Who faces these risks? How do families respond to these risks? (Safety, Dignity, and Well-being)
- Within the household, who actively participates in local organisations such as women's or farmers' organisations? Do differences exist in participation based on gender, age, or disability status? (Access to and Control Over Resources; Patterns of Decision-Making)
- What promotes or inhibits young women, young men, and youth with non-binary gender identities from accessing and controlling assets and resources necessary for agricultural production and livestock rearing as well as other types of income generating activities? (Access to and Control Over Resources)

# CHILD POVERTY

## Agriculture and Inclusive Markets

### Community

- What economic opportunities exist in the community? Do these differ based on people's gender, age, disability, socio-economic status, or migrant status, etc.? (Access to and Control Over Resources)
- In what ways might economic opportunities increase the risk of GBV? Who faces these risks? How do communities respond to these risks? (Safety, Dignity, and Well-being)
- How might increased economic activity exacerbate or decrease the workloads of women and girls? What effects might women's greater involvement in agricultural programmes have on girls and boys in the household? Might it increase their workloads? (Roles, Responsibilities, and Time Use)
- How is land acquired, accessed, and inherited? Who makes decisions on how land is used? (Access to and Control Over Resources; Patterns of Decision-making)

### Society

- To what extent do youth hold leadership and decision-making positions in aggregation platforms such as agricultural producer groups and workers' cooperatives? Does leadership differ based on gender identity, age, disability status, or migrant or refugee status? (Access to and Control Over Resources; Laws, Policies, Regulations, and Institutional Practices; Patterns of Decision-Making; Roles, Responsibilities, and Time Use)

- Do vocational training institutions support technical skills development opportunities for young women, young men, and youth with non-binary gender identities that match market demand? Are they being accessed equally by youth regardless of gender identity, age, disability status, and migrant or refugee status? (Access to and Control Over Resources)
- If a market analysis has been carried out, what were the gender and inclusion findings? (Access to and Control Over Resources)
- What are the gendered impacts of existing value chains? How has the relative bargaining power of young women, young men, and youth with non-binary gender identities within value chains been understood? Are groups of youth segmented into particular roles along the value chain (e.g., young women at the low-end of the value chain)? (Access to and Control Over Resources)
- Where cash and food-for-work opportunities exist, who do they benefit most? What, if any, government policies facilitate youth's participation in agriculture and markets? Which groups of youth are included and excluded in these policies? (Access to and Control Over Resources; Laws, Policies, Regulations, and Institutional Practices)
- Are young women or female caregivers who want to own land, apply for a loan, or register a business legally required to secure the consent of a male family member? (Laws, Policies, Regulations, and Institutional Practices)



# CHILD POVERTY

## Cash, Food, and In-kind Assistance

### Individual

- In programmes where cash assistance is provided directly to women, to what extent do they retain control over the cash? Does women's control vary based on their age, disability, or other intersecting power differentials? Does it vary based on the method of distribution? What limits their control? (Access to and Control Over Resources; Patterns of Decision-Making)
- What are people's preferences regarding the distribution arrangements for the cash? Does access differ based on people's gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Access to and Control Over Resources; Patterns of Decision-Making)
- What opportunities exist to link cash assistance provision with education, gender equality, and GBV activities? (Access to and Control Over Resources; Patterns of Decision-Making; Social Norms, Practices, and Beliefs)
- To what extent do young women, young men, and youth with non-binary gender identities have experience handling and managing cash? What is their level of financial literacy and how does it vary based on their gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Access to and Control Over Resources)
- Who can receive cash/food vouchers and/or food aid? Do differences exist based on the type of assistance provided and the person's gender, age, or disability status? (Access to and Control Over Resources)
- What barriers and risks do young women, young men, and youth with non-binary gender identities face when accessing cash/food vouchers and/or food aid? How can these obstacles be addressed to increase equitable access? (Access to and Control Over Resources)
- Do children engage in risky behaviour to get enough food? What kind of behaviours, and do these differ based on a child's gender, age, race, socio-economic status, or other power differentials? (Safety, Dignity, and Well-being)

# CHILD POVERTY

## Cash, Food, and In-kind Assistance

### Interpersonal

- How might giving cash to women affect the household and family relations? Are there particular risks/benefits associated with giving cash to women? To men? How can these risks be mitigated? What opportunities are there to promote gender equality? (Access to and Control Over Resources; Safety, Dignity and Well-being)
- How do power dynamics shift within a household depending on who is the recipient of the cash transfer, food, or in-kind assistance? Does this vary according to the value of the cash transfer, food, or in-kind assistance? Are small distributions treated differently than larger ones? What value of a distribution and other factors do women report can increase their ability to control assistance?
- What positive (e.g., increased income, less pressure, increased decision-making in the home) and negative (e.g., GBV, male withdrawal of support to household) consequences may occur as a result of cash, food, or in-kind assistance for different members of the household (e.g., girls vs boys, older vs younger children)? Who is at risk? How do families respond to these risks? (Safety, Dignity, and Well-being)
- What are social norms and practices regarding child labour? What factors contribute to it? How do risks of child labour differ based on the caregivers' socio-economic status, migrant or refugee status, or other power differentials? (Social Norms, Practices, and Beliefs; Safety, Dignity, and Well-being)
- Who in the family is involved in decisions about how cash is spent? How are decisions made and do patterns of decision-making differ based on families' socio-economic status and other relevant power differentials? (Access to and Control Over Resources; Patterns of Decision-Making)
- Who makes food purchasing decisions in the household and why? (Patterns of Decision-Making)
- How might the risk of GBV be affected (e.g., increased or decreased) due to provision of food assistance? Who is at risk and how do families respond to this risk? (Safety, Dignity, and Well-being)
- Who in the household eats first and the most? Who eats last and the least? Who is expected to go without when there is not enough food? (Social Norms, Practices, and Beliefs)
- What food taboos exist and who do they benefit and disadvantage in the household? What impact do they have on intra-household dynamics? (Social Norms, Practices, and Beliefs)
- How might risk of GBV increase due to provision of cash, food, or in-kind assistance? Who is at risk and how do families respond to this risk? (Safety, Dignity, and Well-being)
- How are polygamous households and members within the household impacted by design of food or cash distributions? (Access to and Control Over Resources; Patterns of Decision-making; Safety, Dignity and Well-being)

# CHILD POVERTY

## Cash, Food, and In-kind Assistance

### Community

- How are decisions made about who can access cash, food, and in-kind assistance? Who is included and excluded in this process (consider gender, age, race and ethnicity, disability, education level, socio-economic status, nationality, and migrant status, etc.)? (Access to and Control Over Resources; Patterns of Decision-Making)
- Do cash-for-work programmes make accommodations for female-only work crews? What are the gender and social barriers for taking part in work programmes for different groups (e.g., childcare)? (Access to and Control Over Resources)
- How do cash for work programmes provide leadership opportunities to young women and young men and adults? Are all recipients able to equitably participate in these work programmes? What are barriers to their participation? (Patterns of Decision-Making)
- Does local and regional procurement of food equally benefit producers, including young women, in the community? If not, what are the barriers to equal access? (Access to and Control Over Resources; Laws, Policies, Regulations, and Institutional Practices)
- Do young women, young men, and youth with non-binary gender identities feel equally safe in route to and at food distribution sites? If not, what are the risks they perceive? What is needed to prevent and mitigate these risks? (Safety, Dignity, and Well-being)

### Society

- Who has access to formal financial institutions? What gender and social barriers restrict access? (Access to and Control Over Resources)
- Do cash assistance programme policies allow for the participation of young women, young men, and youth with non-binary gender identities and if so, starting at what age? (Laws, Policies, Regulations, and Institutional Practices)
- Who leads and takes part in decision-making in food management and asset-creation committees? Are individuals and groups excluded in decision-making processes based on their gender or other power differentials? (Patterns of Decision-Making)
- What opportunities exist to increase the meaningful participation of young women, young men, and youth with non-binary gender identities, especially from groups that experience marginalisation? (Patterns of Decision-Making)
- What possible food distribution spaces have been identified as easily accessible and safe for different groups of youth, including those with disabilities? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What social norms on food production exist and who is advantaged or disadvantaged by such norms? (Social Norms, Practices, and Beliefs; Access to and Control Over Resources)
- Do food distribution policies take into account arrangements that do not add time and labour burdens on female caregivers (e.g., distribution points that do not require long travel time, distribution hours that allow female caregivers to get home during daylight, etc.)? (Access to and Control Over Resources; Laws, Policies, Regulations, and Institutional Practices; Safety, Dignity, and Well-being)
- Are policies in place to prevent sexual harassment and abuse of power by food distributors (e.g., participants clearly understand that nothing is required in exchange for receiving food aid and abuse reporting channels and methods are clear to participants)? (Safety, Dignity, and Well-being)

# CHILD POVERTY

## Financial Inclusion

### Individual

- To what extent do young women, young men, and youth with non-binary gender identities have a bank account in their name or digital financial services? Do differences in access exist based on gender, age, disability status, or migrant or refugee status? (Access to and Control Over Resources)
- To what extent do young women, young men, and youth with non-binary gender identities have access to fair and livable wages, as well as control and decision-making ability over the wages they earn? (Access to and Control Over Resources)

### Interpersonal

- Within households, who makes decisions about production, income, expenditures, savings, and investments? Do these decisions reflect the needs and priorities of all members of the household? If not, are certain members of the household given preference over other members? (Patterns of Decision-Making)
- What positive (e.g., increased income and less pressure) and negative (e.g., GBV) consequences may occur as a result of financial inclusion programming? Who within the family is at risk? How can these risks be mitigated? (Safety, Dignity, and Well-being)

### Community

- What types of savings and credit organisations are available to and used by young women, young men, and youth with non-binary gender identities? Do differences exist in access and use based on gender identity, age, disability status, or migrant or refugee status? (Access to and Control Over Resources)
- What are the levels of sexual harassment and other forms of GBV in the community and who do they affect most? How might these risks impact access to banking services for women caregivers and youth? (Safety, Dignity, and Well-being)
- How do community-level norms on household roles and division of labour shape youth's access to financial services? Does youth's access vary based on their gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)

### Society

- To what extent are savings and credit organisations led by and made up of diverse community members, including women with disabilities, women with HIV/AIDS, pregnant adolescent girls, and refugee women? (Access to and Control Over Resources)
- At what points in the value chain do young women, young men, and youth with non-binary gender identities participate? How does this participation, or lack thereof, impact their access to higher incomes or profit? (Access to and Control Over Resources)
- Is financial inclusion for young women, young men, and youth with non-binary gender identities a goal in national and local enterprise development laws and export promotion policies? Is non-discrimination based on gender, disability status, and migrant or refugee status guaranteed? (Laws, Policies, Regulations, and Institutional Practices)
- What are the inheritance rights of daughters and widows? (Laws, Policies, Regulations, and Institutional Practices)

# CHILD POVERTY

## Household Economic Strengthening

### Individual

- What domestic and livelihood tasks are girls and boys in the household responsible for? How long do these tasks take each day? Why are the tasks divided in this way? (Roles, Responsibilities, and Time Use)
- For girls and boys, how do household and livelihood activities affect their daily time use and activities? Are there differences between different groups of children? Do particular groups of girls and boys spend less time on school and learning activities? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use)

### Interpersonal

- What are caregivers' perceptions of the value of children's well-being and education? Do their perspectives reflect preferences for some children over others (e.g., boys over girls, older over younger children, and children without disabilities vs children with disabilities)? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)
- Who in the household takes on income-generating roles and what are those roles (paid work, self-employment, subsistence production)? Why do these household members take on income-generating roles over other household members? (Roles, Responsibilities, and Time Use)
- What factors prevent adult women and young women from engaging in profitable economic activities? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use)
- Who in the household takes on caregiving and household management roles and what are those roles (e.g., domestic work, childcare, care for the sick and elderly, etc.)? Why do these household members take on these roles rather than other household members? (Roles, Responsibilities, and Time Use)
- What positive (e.g., increased income, less pressure) and negative (e.g., GBV and violence against children) consequences may occur as a result of economic activities? Who is at risk? How do families respond to these risks? (Safety, Dignity, and Well-being)

# CHILD POVERTY

## Household Economic Strengthening

### Community

- What mechanisms currently exist for community-based savings and credit? What limits access to different groups of young women, young men, and youth with non-binary gender identities in the community? (Access to and Control Over Resources)
- What social services, like childcare, are available in communities to promote the engagement of women and caregivers in economic activities? (Access to and Control Over Resources)

### Society

- Are there mechanisms in place to enable young women, young men, and youth with non-binary gender identities from different groups (e.g., ethnic minorities, youth with disabilities, etc.) to engage in the design of cash, voucher, or asset transfer systems? What are the barriers and opportunities associated with involving different groups of community members in the design of such systems? (Access to and Control Over Resources; Patterns of Decision-Making)
- Are market-relevant enterprise and employment opportunities available to caregivers (men, women, adults who identify as having non-binary gender identities) that do not undermine positive outcomes for children such as by providing flexible working hours for new parents? (Safety, Dignity, and Well-being)
- Do government-led initiatives exist for household economic strengthening that target families and children? (Laws, Policies, Regulations, and Institutional Practices)
- What government and civil society institutions are involved in formulating household economic strengthening policies? Do policies reflect the needs communicated by young women, young men, and youth with non-binary gender identities who are not often represented at the higher levels of government? (Patterns of Decision-Making; Laws, Policies, Regulations, and Institutional Practices)

# CHILD POVERTY

## Resilience and Disaster Management

### Individual

- Do young women, young men, and youth with non-binary gender identities have equal access to information needed to prepare for and recover from crises? Are there gaps in knowledge among certain groups within the community based on gender, age, socio-economic status, or disability? (Access to and Control Over Resources)
- What contributes to young women's and young men's unequal access to, use, and control of resources (e.g., low levels of literacy, gender digital divide, and women's low levels of phone ownership)? (Access to and Control Over Resources)
- Do girls, boys, and children with non-binary gender identities face increased risks of violence, including during crises? Why do they experience such risks and what protection mechanisms are available to them? (Safety, Dignity, and Well-being)
- How do individual coping strategies differ based on gender, age, disability status, and migrant or refugee status? (Access to and Control Over Resources)

### Interpersonal

- In what ways have household roles and responsibilities shifted during periods of crisis? Why did roles shift in those ways? Are girls and boys taking on additional burdens, and what is the impact on their time devoted to education, health, and nutrition? (Roles, Responsibilities, and Time Use)
- Who in the household is responsible for fetching fuel, water, and food? Who is responsible for caring for those who are ill or injured? Why are roles divided in this way? Have roles and responsibilities changed following the disaster/crisis? (Roles, Responsibilities, and Time Use)

# CHILD POVERTY

## Resilience and Disaster Management

### Community

- In what ways do communities recognise and value the role of women and girls in building disaster resilience, if at all? (Social Norms, Practices, and Beliefs)
- What are the different climate adaptation methods used by young women, young men, and youth with non-binary gender identities in agricultural production? How do they access the information, skills, and equipment to implement these methods? Do they access those inputs at equal rates, and if not, why not? (Access to and Control Over Resources)
- What community-level norms might restrict young women, young men, and youth with non-binary gender identities in the community from being able to voice their needs and opinion during crises? What opportunities might exist to elevate their participation and leading in community committees? (Patterns of Decision-Making; Social Norms, Practices, and Beliefs)
- What services and community protection mechanisms exist to support girls and boys who experience GBV during crises? Is there community awareness of these services? Are the services accessible and inclusive? (Safety, Dignity, and Well-being)
- Which community groups might need support in a disaster (e.g., orphans and vulnerable children, pregnant women, people with disabilities, people living with HIV/AIDs, and elderly persons)? What community mitigation strategies or services exist that can be leveraged? What are some of the specific barriers to increased resilience in the face of a disaster or shock for these groups? (Safety, Dignity, and Well-being)

### Society

- What formal and informal mechanisms (e.g., women's groups, disaster risk reduction committees, and surveillance networks) exist to allow young women, young men, and non-binary youth to contribute ideas and meaningfully participate in post-crisis and pre-crisis decision-making? Are there barriers to participation in these groups, what are those barriers, and how can they be mitigated? (Patterns of Decision-Making)
- How do disaster risk reduction policies and strategies take into account the experiences and priorities of young women, young men, and youth with non-binary gender identities? (Laws, Policies, Regulations, and Institutional Practices)
- How do disaster risk reduction communication methods account for any differences in the ways that youth might access information (e.g., based on their gender, socio-economic status, disability, etc.)? (Laws, Policies, Regulations, and Institutional Practices)



# HEALTH & NUTRITION

## Access to Health Services

### Individual

- Do adolescent girls and young women have the autonomy to determine whether they can seek healthcare services? Does their decision-making power differ based on power differentials such as their age, socio-economic status, race, ethnicity, or disability? (Access to and Control over Resources; Patterns of Decision-Making)
- To what extent do young women, young men, and youth with non-binary gender identities and adults have access to financial resources to travel to and pay for healthcare services, medicines, or supplies? Does their access to healthcare vary based on their age, disability status, sexual orientation, migrant status, or other power differentials? (Access to and Control Over Resources)
- Do girls/young women, boys/young men, and youth with non-binary gender identities and adults have access to accurate information about health (e.g., disease) and nutrition? How does this access differ based on their age, disability status, race, ethnicity, or other power differentials? (Access to and Control Over Resources)
- What are the barriers such as indirect costs that can affect the ability of young women, young men, and youth with non-binary gender identities and adults from seeking health services (e.g., job requirements, missing income earning opportunities, household responsibilities, the need for child or eldercare, etc.)? How do the barriers vary for different groups? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use)

### Interpersonal

- Who in the family is involved in decisions about healthcare and nutrition? Are decisions made jointly? Are children and youth able to equitably participate in the decision-making process and have their opinions heard? How is the ability of family members to shape healthcare decisions affected by their gender, age, or disability status? (Patterns of Decision-Making)
- Do the household roles and responsibilities of different family members put them at more or less risk of disease or injury? How are these risks distributed among family members based on their gender, age, disability status, or other power differentials? What factors influence this distribution? (Roles, Responsibilities, and Time Use; Safety, Dignity, and Well-being)
- What are the secondary impacts or costs of illness to children and adults? How do these impacts (e.g., missed paid work, inability to complete household maintenance, and inability to attend school) differ based on their gender or age? How does this affect the household and roles and responsibilities of other family members, especially girls and boys? (Roles, Responsibilities, and Time Use; Safety, Dignity, and Well-being)

# HEALTH & NUTRITION

## Access to Health Services

### Community

- How do gender and other social norms affect the attitudes of young women, young men, and youth with non-binary gender identities and adults about curative or preventative health behaviour or treatment? How do gender and other social norms impact different group's vulnerability to illness or exposure to disease? (Social Norms, Practices, and Beliefs)
- What social norms affect how young women, young men and youth with non-binary gender identities and adults value their health? Are women expected to place their household responsibilities and caregiving work above their own health? Are young men expected to risk their health for income generation? (Social Norms, Practices, and Beliefs)
- Do healthcare providers offer quality and respectful care to youth and adults with non-binary gender identities? What gender and social norms affect healthcare providers' provision of services? (Roles, Responsibilities, and Time Use; Safety, Dignity, and Well-being; Social Norms, Practices, and Beliefs)

### Society

- Do health facilities have policies that require permission of caregivers or male partners to access particular services? How do these policies impact access and use of services? (Laws, Policies, Regulations, and Institutional Practices)
- Are healthcare staff trained to provide appropriate services to different populations (e.g., youth-responsive services)? (Laws, Policies, Regulations, and Institutional Practices)
- Are healthcare staff trained to provide appropriate services to survivors of GBV, including provision of rape kits, emergency contraception, and post exposure HIV/STI prophylaxis? (Access to and Control Over Resources)

# HEALTH & NUTRITION

## Adolescent Sexual and Reproductive Health and Rights

### Individual

- To what extent do adolescents and youth have access to age-appropriate information about sexual and reproductive health, rights, and services? Does access to information differ based on their gender, age, socio-economic status, or other power differentials? How do systematic inequities that children, adolescents, and youth experience affect their access to accurate information about sexual and reproductive health? (Access to and Control Over Resources)
- What are common menstrual health and hygiene (MHH) practices? What obstacles prevent girls and young women from practicing appropriate MHH? Do the barriers they face differ based on their age, disability, migrant or refugee status, or other power differentials? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)

### Interpersonal

- Who in a relationship decides when to have sex, when to have a child, and how many children to have? How are preferences communicated and by whom? Do differences exist based on adolescents' sexual orientation, gender identity or expression, age, or disability status? (Patterns of Decision-Making)
- Who decides if a boy or man is circumcised and if a girl or woman undergoes female genital mutilation/cutting or other initiation ritual? (Patterns of Decision-Making)

### Community

- What is considered appropriate behaviour for dating, courtship, marriage, and sex? How do expectations differ based on an individual's gender, age, sexual orientation, disability, socio-economic status, or other power differentials? (Social Norms, Practices, and Beliefs)
- What other barriers exist that prevent or limit young people from accessing contraception (e.g., cost, availability, need for medical, parental, or spouse/partner consent, etc.)? (Access to and Control Over Resources)
- What myths and misconceptions exist about the use of condoms and other contraceptives? In what ways do the myths impact access and use by different adolescents and youth? (Social Norms, Practices, and Beliefs)
- What health-related norms exist regarding GBV (e.g., reporting only if serious injury occurs, norms regarding use of emergency contraception after rape, norms on trustworthiness of health providers when reporting GBV, and referral to appropriate child protection/GBV services for recovery)? (Social Norms, Practices, and Beliefs)
- What are community-level attitudes and norms about the age of sexual initiation, age of first marriage, and other coming-of-age customs/initiation practices? Do these attitudes and norms vary for different groups (e.g., boys and girls)? (Social Norms, Practices, and Beliefs)

# HEALTH & NUTRITION

## Adolescent Sexual and Reproductive Health and Rights

### Society

- To what extent do adolescents and youth, including young or single/unmarried mothers, experience stigma and disrespect when seeking sexual and reproductive health services? Does treatment of adolescents differ based on sexual orientation, gender, disability, ethnicity, or other power differentials? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What barriers prevent or limit youth with non-binary gender identities from accessing quality sexual and reproductive health services? (Access to and Control Over Resources)
- To what extent do adolescents, including boys, experience stigma and disrespect when reporting GBV? What is health provider capacity to appropriately counsel and care for survivors of GBV? What protocols or guidelines exist for management of GBV cases? What training have health providers received to appropriately refer and manage GBV cases? What referral resources exist for survivors of GBV, and are they responsive to survivors needs? (Laws, Policies, Regulations, and Institutional Practices; Safety, Dignity, and Well-being)
- What factors limit or support adolescents' access to responsive sexual and reproductive health (SRH) services? Are service providers adequately trained to work with youth? Are services accessible to youth with disabilities? Are there sufficient resources allocated for adolescent SRH? Do different groups of adolescents face barriers to accessing adequate SRH services; for example, due to stigma based on their sexual orientation, gender identity, or gender expression? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)
- To what extent do schools provide comprehensive sexuality education that is scientifically accurate, age and developmentally appropriate, culturally relevant, based on human rights, and gender transformative? Does the education use a learner-centred participatory approach and addresses knowledge, skills, and behaviour? Does the content cover gender equality, GBV, and HIV transmission risks? Is it accessible to all children, including those with disabilities and migrant or refugee children? (Access to and Control Over Resources)
- Does SRH education provided by schools vary for adolescents and youth based on their gender, age, disability status, or other power differentials? How do any differences in SRH education influence youth's beliefs and behaviours related to SRH? (Patterns of Decision-Making; Social Norms, Practices, and Beliefs)
- What types of barriers do national and local laws, policies, and practices create for adolescents and youth who seek services and SRH information? Do barriers differ based on youth's gender, age, socio-economic status, or sexual orientation? (Laws, Policies, Regulations, and Institutional Practices)
- Is comprehensive sexuality education mandated by the government and if so, at what grade levels? Does it include information on gender equality and GBV? How accurate is the information provided? What social norms, practices, and beliefs does it reflect? (Laws, Policies, Regulations, and Institutional Practices; Social Norms, Practices, and Beliefs)

# HEALTH & NUTRITION

## Family Planning

### Individual

- To what extent can young women, young men, and youth with non-binary gender identities access and use family planning? How does control differ based on their gender, sexual orientation, disability, socio-economic status, or age? (Access to and Control Over Resources; Patterns of Decision- Making)
- How do young women, young men, and youth with non-binary gender identities learn about available family planning services? Do they have access to accurate information? How are messages disseminated and what audiences are they reaching? Is the information accessible to different members of the target audience? Is it translated into local languages? (Access to and Control Over Resources)

### Interpersonal

- Who makes decisions about whether an individual or couple should access family planning services? Do partners discuss the decision together? Who holds the ultimate decision-making power and why? Do these roles shift based on power differentials such as age and marriage status? (Access to and Control Over Resources; Patterns of Decision-Making)
- What positive (e.g., improved communication and joint decision-making) and negative (e.g., GBV) consequences do women experience if they initiate conversations about family planning with their partners? How do they navigate these conversations? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- What role do immediate and extended family members have in a couple's family planning decisions? What social norms, practices, and beliefs do they reinforce or challenge? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)

# HEALTH & NUTRITION

## Family Planning

### Community

- What are the community-level norms around discussing family planning issues and accessing services? Is there stigma and discrimination against certain groups that makes it difficult for young women, young men, unmarried girls or women, or girls who have never had a child before to access services? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)
- How do community leaders, including traditional and religious leaders, influence the use and uptake of family planning? How does this differ for unmarried adolescents and youth, married/partnered adolescents and youth, and those who have never had a child before? How can they be engaged to increase the uptake of family planning services? (Patterns of Decision-Making; Social Norms, Practices, and Beliefs)

### Society

- Are respectful family planning services available? Do health service providers offer equitable access to family planning to all patients? Does the availability and quality of services and treatment by providers vary based on adolescent's and youth's gender, age, or sexual orientation? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)
- What are healthcare providers' beliefs about who should use family planning? Are legal or informal permissions needed for some youth to access family planning services? Do women and girls legally need permission from their male partner to gain access to services? Do policies restrict availability of any methods based on clients' marital status or parity? (Laws, Policies, Regulations, and Institutional Practices; Social Norms, Practices, and Beliefs)
- How do national family planning policies affect adolescents' and youth's access to family planning services? (Laws, Policies, Regulations, and Institutional Practices)
- How do national and local laws, policies, and practices create barriers for young women, young men, and youth with non-binary gender identities to seek family planning services and information? Do barriers differ based on youth's gender, socio-economic status, marital status, ethnic group, disability, sexual orientation, or age? (Laws, Policies, Regulations, and Institutional Practices)

# HEALTH & NUTRITION

## HIV/AIDS

### Individual

- To what extent do girls, boys, and their caregivers report experiencing HIV-related stigma and discrimination? Do certain individuals experience greater levels of discrimination? If so, why? (Social Norms, Practices, and Beliefs)
- To what extent do girls, boys, and their caregivers have access to HIV information, testing, and treatment? Does access differ based on their gender, disability, or age? (Access to and Control Over Resources)
- To what extent do girls and boys living with HIV/AIDS have access to relevant medication and psychosocial support to manage their condition? Does this vary according to socio-economic status, ethnic group, or disability? (Access to and Control Over Resources)
- What beliefs, practices, or behaviours may increase risk of exposure to HIV in this setting? Do these vary for different groups based on age, gender, sexual orientation or other power differentials? (Social Norms, Practices, and Beliefs)
- How do individuals make decisions about whether or not to have sex and use condoms and other forms of contraception? What influences their decision-making and control over their sexual and reproductive health? (Access to and Control Over Resources; Patterns of Decision-Making; Social Norms, Practices, and Beliefs)

### Interpersonal

- What social norms and stigma exist about HIV? To what extent do children and their caregivers feel comfortable sharing their HIV status with partners, family members, and friends? Does this differ based on their gender, age, sexual orientation, or other power differentials? (Patterns of Decision-Making; Safety, Dignity, and Well-being)
- What positive (e.g., care and support) and negative (e.g., GBV, exclusion, etc.) consequences do people living with HIV face when they share their HIV status with partners, family members, and friends? Does this differ among different groups (based on gender, age, race, ethnicity, disability status, socio-economic status, etc.)? (Safety, Dignity, and Well-being)
- To what extent are household members aware and supportive of recommended child feeding practices for mothers living with HIV? (Safety, Dignity, and Well-being)

# HEALTH & NUTRITION

## HIV/AIDS

### Community

- What are common beliefs about HIV/AIDS in the community? Do people living with HIV face discrimination or stigma? If so, how do these affect their lives and places within the community? Is it culturally acceptable for girls, boys, and their caregivers to seek out and receive care and treatment for HIV? (Social Norms, Practices, and Beliefs)
- In what way might social and cultural norms and practices related to sex contribute to increased risk of HIV transmission? Do risks differ based on people's gender, age, sexual orientation, race, ethnicity, or caste? (Social Norms, Practices, and Beliefs; Safety, Dignity, and Well-being)
- What messaging exists in community awareness campaigns about stopping HIV stigma and promoting HIV testing, prevention, and treatment? What social norms are promoted within the campaigns? (Social Norms, Practices, and Beliefs; Safety, Dignity, and Well-being)

### Society

- At what rates do newborn babies and children receive recommended care for HIV exposure and infection? Do rates differ based on children's sex, disability status, or migrant or refugee status? (Access to and Control Over Resources)
- What forms of treatment, care, and support are given to mothers living with HIV, their children, and their partners? Does care differ based on people's gender, sexual orientation, or other power differentials? (Access to and Control Over Resources)
- What laws exist to respond to the health needs of girls, boys, and caregivers affected by HIV? How might the laws impact HIV protection or risk for different groups such as internally displaced people or migrants and refugees? (Laws, Policies, Regulations, and Institutional Practices)
- What formal and informal costs are associated with accessing healthcare? Who pays and how might user fees pose a barrier for girls, boys, and caregivers living with HIV/AIDS seeking health services? (Access to and Control Over Resources)



# HEALTH & NUTRITION

## Maternal, Newborn, and Child Health (MNCH)

### Individual

- Where do caregivers (men, women, and adults with non-binary gender identities) seek care for themselves and their children, and why? This might include traditional healers, local drug shops, community health workers, formal health clinics, or combinations of these. Do care choices differ based on people's socio-economic status, gender, or sexual orientation? What barriers do they face when trying to access services? (Access to and Control Over Resources)
- What is the nutritional status of women and girls of childbearing age? Does this differ based on power differentials such as disability, race, ethnicity, or migrant status? (Access to and Control Over Resources)
- Are there differences in breastfeeding practices for male and female infants? (Social Norms, Practices, and Beliefs)
- What is the age of sexual debut, marriage, and childbearing? How does it differ based on gender, socio-economic status, and other power differentials? (Social Norms and Beliefs)
- How do girls/young women, boys/young men, and youth with non-binary gender identities access information about reproductive anatomy, pregnancy, labour and delivery, postpartum recovery, and infant care as well as knowledge of health services? (Access to and Control Over Resources; Social Norms and Beliefs)

### Interpersonal

- Who makes decisions about health issues in this context, including about when to seek medical care (especially for a pregnant woman/girl, newborn, or child), where a baby should be delivered, use of contraception, and whether infants should be breastfed? (Patterns of Decision-Making)
- What are norms regarding motherhood and fatherhood? What is expected of parents during pregnancy, after delivery, and in caring for children? Do expectations vary based on parents' gender and age (e.g., for adolescent or young women vs adolescent or young men)? Who else in the family (including extended family) is involved in caring for children? Why are the roles divided in this way? (Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)
- In what ways do daily roles and responsibilities at the family level affect women and girls who are pregnant or breastfeeding? How are their needs considered and met? (Roles, Responsibilities, and Time Use)

### Community

- What myths or beliefs exist about maternal, newborn, and child health? How might these benefit or harm children, depending on their age, gender or other power differentials? (Social Norms, Practices, and Beliefs) To what extent do communities (e.g., women's and men's groups) support breastfeeding and promote the importance of maternal health? (Roles, Responsibilities, and Time Use)
- What are community norms around breastfeeding? Are there any stigmas attached to breastfeeding? How do these stigmas impact mothers (e.g., their caregiving practices, personal mobility, and access to resources and opportunities)? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)

# HEALTH & NUTRITION

## Maternal, Newborn, and Child Health (MNCH)

### Society

- Are health facilities/services accessible to mothers and children (location, distance, infrastructure, transportation, etc.)? How does access vary for different groups based on their socio-economic status, disability, ethnicity, etc.? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What norms and beliefs regarding pregnancy, marriage status, or other factors are held by health service providers? How do they treat groups such as adolescent mothers, women with disabilities, indigenous women, unmarried women, and women with HIV/AIDS who seek health services? (Social Norms, Practices, and Beliefs)
- Have health service providers been trained in compassionate, caring service delivery? Do they promote joint partnership roles in caregiving? Do they encourage men to be involved during pregnancy and childbirth? Do they discriminate against people with disabilities or HIV/AIDS or against homosexual couples? (Laws, Policies, Regulations, and Institutional Practices; Social Norms, Practices, and Beliefs)
- Are health messages communicated in a manner suitable for lower literacy groups and girls and boys and caregivers with disabilities? Are they available in multiple languages? (Access to and Control Over Resources)
- What is health provider capacity to appropriately counsel and care for survivors of GBV who report violence during medical appointments or antenatal sessions? How are these cases handled? What training have health providers received to appropriately refer and manage GBV cases? (Laws, Policies, Regulations, and Institutional Practices; Safety, Dignity, and Well-being)
- Do national policies adequately prioritise infant and young child feeding? To what extent do they account for barriers associated with gender, age, disability, and migrant or refugee status? (Laws, Policies, Regulations, and Institutional Practices)
- What formal and informal costs are associated with accessing healthcare? Who pays, and how might user fees pose a barrier for some individuals/families seeking health services? Are there national systems/mechanisms in place such as insurance to make health services accessible to mothers and children? (Access to and Control Over Resources; Laws, Policies, Regulations, and Institutional Practices)
- Are there family-friendly labour laws such as paid maternity, paternity, or parental leave or protections for lactating women? To what extent are these legal protections enforced? (Laws, Policies, Regulations, and Institutional Practices)

# HEALTH & NUTRITION

## Nutrition

### Individual

- What is the nutritional status of women and girls of childbearing age? Does this differ based on power differentials such as disability or migrant status? (Access to and Control Over Resources)
- How do girls/young women and boys/young men access information about nutrition, best feeding practices, cash assistance (or other government or NGO-provided assistance), agriculture extension services, and other information to support increased nutrition? Who are the messages reaching and not reaching? (Access to and Control Over Resources)
- What are the nutrition beliefs and practices of girls/young women and boys/young men? What barriers exist that can prevent them from getting adequate nutrition? Does access to adequate nutrition vary based on their gender, age, race, ethnicity, socio-economic status, or other power differentials? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)

### Interpersonal

- Who is responsible for gathering, shopping for, and/or preparing food? Who makes decisions on choice, quantity of foods, which foods to eat, and how many times a household member can eat? Who eats first and most in the household? Who eats last and least? (Access to and Control Over Resources; Patterns of Decision-Making)
- What roles do men play in childcare and feeding in the family? What factors support and/or limit their ability to increase their caretaking and responsibility for household nutrition? (Roles, Responsibilities, and Time Use)
- Does responsibility for nutrition and childcare shift during the year? Between whom does this responsibility shift, why, and for how long? (Roles, Responsibilities and Time Use)
- What risks (e.g., GBV, homophobic violence, etc.) might certain family members face when gathering, shopping for, and/or preparing food? Who is most at risk? How do families respond to these risks? (Safety, Dignity, and Well-being)
- Who in the household undertakes the kind of subsistence gardening that can increase access to nutritious foods? (Roles, Responsibilities, and Time Use)
- In situations where food is scarce, who might be given less food? How does access to food within the family differ based on gender, age, or disability status? (Access to and Control Over Resources)
- What types of products, particularly those with high nutritional value, are consumed at the household level? Who in the household has access to them? If differences exist in household members' access, what are the reasons for differential access among family members? (Access to and Control Over Resources)
- How are pregnant and breastfeeding women's nutritional needs managed at the family level? Who makes decisions about their nutrition? Who has or does not have information about their nutritional needs during this period? (Patterns of Decision-Making)

# HEALTH & NUTRITION

## Nutrition

### Community

- What community-level norms exist around the nutritional needs of girls, boys, women, and men? Who is expected to eat first and most in the community? What community-level norms exist about taboo foods and other eating practices? How do eating practices differ among people based on gender, age, socio-economic status, ethnicity, etc.? (Social Norms, Practices, and Beliefs)
- What are the community-level norms about pregnancy, including related to nutrition and women's work and well-being? (Social Norms, Practices, and Beliefs)
- What community norms and practices support men's engagement in childcare and feeding? (Social Norms, Practices, and Beliefs)
- How do community members influence men's support for spouses'/partners' decision-making on matters related to childcare and feeding practices? (Patterns of Decision-making)
- What myths or beliefs exist about maternal, newborn, and child nutrition? How might these benefit or harm girls and boys, depending on their age? (Social Norms and Beliefs)

### Society

- Is information on nutritious foods, healthy eating practices, and meal preparation available through health or educational institutions? Are health providers, including community health workers, teachers, and administrators, trained to provide information on nutrition? (Laws, Policies, Regulations, and Institutional Practices)
- Is information on nutrition available and accessed by men as well as women? Do men feel they understand the importance of good nutrition? (Access to and Control Over Resources)
- Are there referral systems to connect girls/young women, boys/young men, and youth with non-binary gender identities to essential services? Are these referrals equally accessible to different groups of children, youth, and adults? What barriers do some community members encounter, and how might those barriers be mitigated? (Laws, Policies, Regulations, and Institutional Practices)
- Is there a national-level nutrition policy? Does it address issues such as land access and inheritance, women's empowerment, and youth empowerment? (Laws, Policies, Regulations, and Institutional Practices)

# HEALTH & NUTRITION

## Water, Sanitation, and Hygiene (WASH)

### Individual

- How do girls and women manage their menstrual hygiene? What products are available and how do they dispose of menstrual waste? What challenges do they face in maintaining healthy practices? Do girls and women feel safe and dignified while managing menstruation? If not, what do they think needs to be changed? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What knowledge, beliefs, and practices related to water, sanitation, and hygiene are held by young women and young men? (Social Norms, Practices, and Beliefs)
- What affects families' and family members' access to adequate WASH facilities and hygiene products (e.g., money, space, etc.)? How many people use the available WASH facilities? How are facilities maintained? Who is responsible for cleaning and maintaining WASH facilities? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use)
- To what extent can individuals access adequate WASH facilities and services? What barriers and facilitators impact their access? Does access vary based on individuals gender, age, socio-economic status, disability, or other power differentials? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What, if any, safety concerns do people have when accessing WASH facilities? How do these concerns affect their WASH behaviours, hygiene, and health? (Access to and Control Over Resources; Safety, Dignity, and Well-being)

### Interpersonal

- Who uses and collects water? How long does this take each day? Why are the roles divided in this way? Does the chore interfere with other activities linked to health and well-being, including education and livelihood activities or increased risk of GBV? (Roles, Responsibilities, and Time Use; Safety, Dignity, and Well-being)
- How safe do girls and boys feel accessing water points and sanitation facilities? Does this differ based on the time of day or night? What do girls and women think should be done to increase safety at these water points and sanitation facilities? (Safety, Dignity, and Well-being)
- Where and from whom do girls and boys learn water, sanitation, and hygiene practices? Does access to knowledge and information differ based on the child's gender, age, disability, or socio-economic status? (Access to and Control Over Resources)
- What affects families' and family members' access to adequate WASH facilities and hygiene products? (e.g., money, space, etc.)? How many people use the available WASH facilities? How are facilities maintained? Who is responsible for cleaning and maintaining WASH facilities? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use)

# HEALTH & NUTRITION

## Water, Sanitation, and Hygiene (WASH)

### Community

- Who manages water sources, toilets, and waste disposal? How are decisions made about water in the community? What is the composition of water, sanitation, and hygiene committees or governance groups? Are young women able to meaningfully participate in the groups or take on leadership roles? What constraints exist within groups that might limit the equitable participation and leadership of different groups of people? (Access to and Control Over Resources; Patterns of Decision-Making)
- What are community water, sanitation, and hygiene practices for collection, storage, and disposal? Do these practices differ for migrant or refugee communities? (Laws, Policies, Regulations, and Institutional Practices)
- How does the location and route to water services and toilets ensure safety and protection for different groups of people such as girls, boys, and young women? (Safety, Dignity, and Well-being)
- How does the physical design of water sources and toilets perpetuate or alleviate inequalities in the community? Are they accessible to people with disabilities? Do the toilets offer privacy and include disposal? Do they have secure locks? Are they well lit, gender-segregated, and located in areas that are safe for girls/women to travel to in the day and night? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What norms related to water, sanitation, and hygiene are held by men and women in the community? (Social Norms, Practices, and Beliefs)

### Society

- How are young women, young men, and youth with non-binary gender identities engaged in community water management committees? How do they influence local market policies? (Patterns of Decision-Making)
- What measures do existing national policies promote to achieve optimal water, sanitation, and hygiene practices and services and to more effectively reach households with children under the age of five? (Laws, Policies, Regulations, and Institutional Practices)

# EDUCATION

## Early Childhood Development

### Individual

- Are girls and boys given equal time and opportunity to participate during their lessons? Do differences exist for some children? If so, why? (Access to and Control Over Resources)
- Do girls, boys, and children with non-binary gender have the opportunity to play with all toys and in all activities? Are they ever diverted to certain activities based on their gender or other power differentials? (Social Norms, Practices, and Beliefs)
- Are children with disabilities separated from children without disabilities in care and learning centres? Are children with disabilities provided with the same opportunities to learn, play, and access resources? (Access to and Control Over Resources)
- In care or learning centres, do children face stigma or discrimination based on their gender, age, ethnicity, disability or other power differentials? (Safety, Dignity, and Well-being; Social Norms, Practices, and Beliefs )

### Interpersonal

- How, when, and who in families decides to enroll children in early childhood education? Do they use criteria like gender, age, or size of a child when making their decision? Does the school reach out to parents? (Social Norms, Practices, and Beliefs; Patterns of Decision-Making)
- How do caregivers (men, women, and adults who identify as non-binary) define educational success, and in what ways is this shaped by the child's gender, age, or disability status? (Social Norms, Practices, and Beliefs)
- How do caregivers contribute to early childcare in the home? How does this differ by the caregiver's gender, age, and relationship to the child? (Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)
- What is the cost of early childhood education, including fees, transportation, and opportunity costs? How do caregivers make decisions about investments in their children's early childhood education, and are these influenced by norms tied to gender, age, or disability? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)

# EDUCATION

## Early Childhood Development

### Community

- Are there social norms that prioritise boys' education over girls' education? Are there social norms that influence education access for girls and boys with disabilities or from minority ethnic groups? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)
- Are girls and boys with disabilities allowed to attend early education classes? Are schools required to accept them? What support is provided such as teaching assistants, hearing aids, and brail learning materials? (Laws, Policies, Regulations, and Institutional Practices)
- To what extent do community and religious leaders promote inclusive early childhood development efforts for all children? (Social Norms, Practices, and Beliefs)
- What is the gender composition of staff involved in early childhood education? Who usually takes on this work? How does this impact girls' and boy's early education? (Roles, Responsibilities, and Time Use)

### Society

- What gender and other social norms do teachers model in the classroom, and how might these affect the learning success of students? (Social Norms, Practices, and Beliefs)
- What kinds of fees are associated with early childhood education? Do they present a barrier for particular groups of children? (Access to and Control Over Resources)
- Are safety net programmes in place to support low-income households with stipends in general or for schooling specifically? (Access to and Control Over Resources)
- To what extent do national or local policies ensure the right to early childhood education for all children, regardless of gender, sexual orientation, race, ethnicity, caste, indigeneity, disability, socio-economic status, nationality, and migrant or refugee status? (Laws, Policies, Regulations, and Institutional Practices)
- Are regions, school districts, or schools allowed to teach early childhood classes in local languages? Are policies in place to install teachers from local communities where possible, especially if students are from ethnic or linguistic minority groups? (Laws, Policies, Regulations, and Institutional Practices)



# EDUCATION

## General Education

### Individual

- What is the current situation regarding access to education at the early childhood, primary, secondary, and university level for girls, boys, and children with non-binary gender identities (including enrollment, attendance, transition, persistence, and school completion rates)? Is access different for children with disabilities or for those who have been displaced or other groups? Is it different because of religion, ethnicity, gender, or socio-economic status? (Access to and Control Over Resources)
- What is the current situation regarding the quality of education at the early childhood, primary, secondary, and university level for girls, boys, and children with non-binary gender identities (e.g., primary leaving exams, teacher qualifications, curriculum, infrastructure, learning materials/resources, etc.)? Is the quality of education different for children from minority racial or ethnic groups, for children from families with low socio-economic status, or for children with disabilities? (Access to and Control Over Resources)
- When disaggregating the data by power differentials (gender, age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality; and migratory, internally displaced, or refugee status, etc.) what trends and differences in education emerge? (Access to and Control Over Resources)
- To what extent are children with disabilities attending school? Do they attend mainstream schools or separate institutions specifically for children with disabilities? What measures do teachers and schools take to support their learning? (Access to and Control Over Resources)
- What are the perceptions of students (girls, boys, and children with non-binary gender identities) of their safety at school or on the way to school? What differences exist among groups? (Safety, Dignity, and Well-being)
- What are children's perceptions about the aptitude of girls and boys for certain subjects? (Social Norms, Practices, and Beliefs)
- What are the hopes and aspirations of children (e.g., professional, personal, future education, etc.)? What differences exist among different groups of children? (Social Norms, Practices, and Beliefs)
- Are girls and boys from different groups given equal time and opportunity to participate during their lessons and other school activities? If not, why are some not receiving equal time and opportunity to participate? (Access to and Control over Resources)
- What trends exist with regard to disciplinary rates (suspension, expulsion, and other disciplinary measures)? What differences exist among groups of children? (Safety, Dignity, and Well-being)
- What trends exist in learning outcomes (e.g., literacy and numeracy rates)? Which types of children are more likely to be falling behind or lack equal opportunities in school? (Access to and Control Over Resources)

# EDUCATION

## General Education

### Individual: Continued

- What trends exist in psychosocial support and well-being? What differences exist among groups? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What motivates children to be engaged in school? What are barriers girls, boys, and children who identify as non-binary face in attending and participating in school? (Access to and Control Over Resources; Social Norms, Practices, and Beliefs)
- What access do children from different groups have to technology and digital skilling in school? What is the interest from different groups of children in using/learning how to use technology? How do boys, girls, and children with non-binary gender identities perceive their ability to use technology? (Access to and Control Over Resources)
- How safe do different groups of students feel when using technology and the Internet? What knowledge and skills do they have to stay safe online? (Safety, Dignity, and Well-being)

### Interpersonal

- How are decisions made in the household to determine if girls and boys attend school? Who is involved in the decision-making process? (Patterns of Decision-Making)
- How do caregivers encourage their children's attendance and retention in school? Who is more involved and why are the roles divided in this way? (Roles, Responsibilities, and Time Use)
- In what ways do caregivers support their children's education outside of school (e.g., help with homework, reading to children at home, enrolling them in extracurricular activities, meeting with teachers, etc.)? How does this support vary based on the caregiver's or child's gender, age, disability, or other power differentials? (Roles, Responsibilities, and Time Use)
- What assets and barriers exist for caregivers that aid or restrict them from supporting their children's education (e.g., literacy rates, financial resources, available time, work schedule, etc.)? (Access to and Control Over Resources)
- How do caregivers define educational success for different types of children? What social norms, practices, and beliefs influence and inform their perspectives? (Social Norms, Practices, and Beliefs)
- What incentives or disincentives exist for families to send their girls and boys to school? If families decide to send some children to school and not others, who is kept at home (or sent to another home) and for what reasons? (Social Norms, Practices, and Beliefs; Roles, Responsibilities, and Time Use)
- What are caregivers' perceptions on the amount of education needed by their children? Does it differ for girls and boys? (Social Norms, Practices, and Beliefs)
- Do caregivers perceive certain subjects as appropriate for only girls or boys? Are girls and boys encouraged to focus or excel in different areas of study? (Social Norms, Practices, and Beliefs)

# EDUCATION

## General Education

### Interpersonal: Continued

- What are caregivers' views on girls and boys from different groups using/learning to use technology? Are they supportive? Do they think using technology is only for playing or socialising? Do they think girls and boys have equal capacity to use technology? (Social Norms, Practices, and Beliefs)
- If possible, do caregivers provide equal access to technology to all children in the household? (Access to and Control Over Resources)
- How do the different workloads of girls and boys, both paid and unpaid, affect their ability to access education and succeed academically? (Roles, Responsibilities, and Time Use)
- Do caregivers feel capable of protecting children while they are online? How does this vary according to caregivers' and children's gender, age, disability, and other power differentials? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What are parents' opinions regarding future careers in technology for girls and boys? How important does the family perceive the need to be for Internet and technology access for their child/children's education? (Social Norms, Practices, and Beliefs)

### Community

- What are the identities/demographics of the teaching force (e.g., age, gender, race, and ethnicity)? How is this similar to or different from the student body? (Roles, Responsibilities, and Time Use)
- What qualifications and relevant professional experience do teachers have? Does this include training in gender equality and social justice topics? How does this differ for male and female teachers? And principals? (Laws, Policies, Regulations, and Institutional Practices)
- Who participates in and holds leadership positions on the school management committee and parent teacher association? Do women and other minoritised groups have active leadership roles within these groups? (Patterns of Decision-Making; Roles and Responsibilities and Time use)
- What are the attitudes and practices of teachers and school communities about social norms and practices that reinforce gender inequalities and other forms of discrimination? To what extent do teachers know and use gender and power-sensitive pedagogies? (Laws, Policies, Regulations, and Institutional Practices; Social Norms, Practices, and Beliefs)
- How do teachers and school staff reinforce or challenge existing gender norms or forms of discrimination based on other power differentials? (Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)
- How do teachers and school staff define educational success for different types of children? What social norms, practices, and beliefs influence and inform their perspectives? (Social Norms, Practices, and Beliefs)

# EDUCATION

## General Education

### Community: Continued

- What are teachers' views regarding girls and boys using/learning how to use technology (i.e., "kids only use technology for fun vs technology can be used for learning")? Do they perceive any differences among girls and boys from different groups and their ability to use/learn how to use technology? (Social Norms, Practices, and Beliefs)
- Do teachers have the necessary skills to provide remedial technology training for children who are below the class average/not able to keep up with their educational technology activities? (Access to and Control Over Resources)
- What are the obstacles to accessing education and succeeding academically for different groups of children? Do they include school fees, uniforms/supplies, work burdens, safe and functional school toilets, hunger, illness, child marriage, adolescent pregnancy, distance from school, lack of transportation, sexual harassment, untrained teachers, lack of female teachers and quality of education, lack of Internet, or lack of technology devices to access remote education? (Access to and Control Over Resources)
- What are the reasons girls and boys are absent or drop out of school (e.g., bullying and use of physical and humiliating punishment by teachers)? Do schools have systems in place for tracking dropouts by age, gender, and disability? Are children allowed to re-enter school after dropping out? If so, what are the requirements they must meet and are those requirements discriminatory against any groups? Can girls re-enroll after leaving due to pregnancy? (Access to and Control Over Resources)
- What community norms exist that prioritise the education of certain groups over others (e.g., boys over girls, powerful ethnic groups over minority groups, and children without disabilities over children with disabilities)? (Social Norms, Practices, and Beliefs)
- How do community norms and practices such as initiation rites, child marriage, and female genital cutting affect children's access to education? (Social Norms, Practices, and Beliefs)
- What community attitudes are prevalent about education for children, including girls, migrants, racial minorities, and children with disabilities? (Social Norms, Practices, and Beliefs)
- What alternative, community-based programmes exist for out-of-school children or children who are struggling to keep up in school? Do these programmes admit married girls, pregnant girls, or girls who are mothers? (Access to and Control Over Resources)

# EDUCATION

## General Education

### Society

- What clubs or groups exist within schools to offer children the ability to voice their differing needs and concerns to the school, parent-teacher association, school-based management committees, teachers, or school leadership? (Patterns of Decision-Making)
- What factors support or restrict women, men, and adults who identify as non-binary from having equal opportunities to participate in and hold leadership positions on parent-teacher associations and school-based management committees? (Patterns of Decision-Making)
- What gender and social norms are promoted in books and learning materials provided by the school, community, and SC? (Social Norms, Practices, and Beliefs)
- Are school classrooms and teaching methodologies appropriate for all children, including those with learning differences or disabilities and those from ethnic or minority language groups? (Access to and Control Over Resources)
- Are there accessible play areas inclusive of all students' needs (girls, boys, and children with disabilities) in schools? How are such spaces managed? (Access to and Control Over Resources)
- How safe and accessible is the physical environment of the school (e.g., separate and lockable toilets for girls and boys, ramps, well-lit areas, railings to support mobility, etc.)? How safe is the classroom (e.g., corporal punishment) and children's route to school? (Safety, Dignity, and Well-being)
- Does the school have clear policies and/or protective mechanisms in place for responding to cases of violence, including bullying, school-related GBV, etc.? Are these processes understood and followed by administrators, teachers, parents, children, and community members? What training and accountability mechanisms are in place? (Laws, Policies, Regulations, and Institutional Practices; Safety, Dignity, and Well-being)
- Does the school have a process for identifying students with disabilities? Does the school have a system in place to provide accommodations to students with disabilities? Is the system effective for meeting children's needs while including them in class with their peers as often as possible? (Laws, Policies, Regulations, and Institutional Practices)
- What is the (official or unofficial) language of instruction? How does this compare to the languages spoken by children in their homes and communities? What support and resources are in place for children who do not speak the language of instruction? (Access to and Control Over Resources)
- What are the national and local laws and policies regarding education rights? Are there specific laws or policies in place to protect the rights of marginalised groups of children (e.g., children with disabilities and migrant children)? (Laws, Policies, Regulations, and Institutional Practices)
- What content do national or regional curricula include to promote children's rights, gender equality, and social justice? (Social Norms, Practices, and Beliefs)

# EDUCATION

## General Education

### Society: Continued

- How do national or local policies promote equitable and inclusive access to education and equitable treatment of teachers and administrators in the educational system? (Access to and Control Over Resources; Laws, Policies, Regulations, and Institutional Practices)
- What percentage of the national, state, and local budget is dedicated to education? Of that, how much is dedicated to inclusive education for children with disabilities or for other groups such as refugees or minority groups? How much is dedicated to accessible infrastructure and support? (Laws, Policies, Regulations, and Institutional Practices)
- What policies are in place to protect or incentivise the educational success of children from marginalised groups (e.g., language of instruction, bursaries, location of school, conditional cash transfers)? (Laws, Policies, Regulations, and Institutional Practices)
- Are there policies or initiatives that promote digital skills for children through the education system? Are these policies inclusive of children with disabilities? (Laws, Policies, Regulations, and Institutional Practices)

# EDUCATION

## School Health and Nutrition

### Individual

- Are students responsible for doing school chores or maintenance, like fetching water? If so, which groups of students are typically assigned this responsibility? Why are roles divided in this way? How does this impact their experiences at school, including their learning? (Roles, Responsibilities, and Time Use)
- Do students feel safe using the school toilets/latrines? Do students' responses differ based on their gender, age, etc.? (Access to and Control Over resources)
- Do girls (age nine and above) have access to menstrual hygiene materials at home or at school? What are their waste disposal practices? Are there appropriate facilities at school? (Access to and Control Over Resources)
- To what extent does students' access to school-based health screening and health referral services vary by their gender, age, ethnicity, disability, socio-economic status, or other power differentials? (Access to and Control Over Resources)
- What are the gender and age-associated health/disease burdens across school age children in the community? How does this impact their access to school and learning? (Access to and Control Over Resources)
- Do children have access to adequate and nutritious food while at school? What shapes their access to food? How does this vary depending on children's gender, age, disability, and other power differentials? (Access to and Control Over Resources)
- What barriers and risks do different groups of children experience traveling to and from school? (Safety, Dignity, and Well-being)

### Interpersonal

- Can families meet children's nutrition needs? What gender and social barriers limit caregivers' ability to contribute requested food contributions/donations to schools? (Access to and Control Over Resources)
- Do all children in the household have equal access to food? Is there a preference for some members of the household based on gender, age, disability, sexual orientation, etc.? (Access to and Control Over Resources)
- What are water treatment and storage practices within the household? Who is usually responsible for water management activities, and why are roles divided in this way? Does this impact the decision to send girls and boys to school or otherwise impact their ability to go to school? (Roles, Responsibilities, and Time Use)
- Who is responsible for food preparation in the household? How are decisions on food consumption made? How do these decisions impact the decision to send children to school? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- How do caregivers talk to their children about puberty and menstruation? How does the information given differ by children's age, gender, and other power differentials? What supports or deters caregivers from providing girls and young women with access to menstrual materials? (Access to and Control Over Resources)

# EDUCATION

## School Health and Nutrition

### Community

- What knowledge, attitudes, and beliefs exist about menstrual hygiene? How do these impact girls' ability to attend and participate in school and learn? (Social Norms, Practices, and Beliefs)
- What opportunities exist for incentivising school attendance through nutrition (school meals, take-home rations, etc.) and other benefits (cash assistance), especially to ensure certain groups access education? (Access to and Control Over Resources)
- Are school management committees, parent groups, village leaders, community leaders, and health workers engaged in and supportive of comprehensive school health and nutrition, WASH in schools, menstrual health, and hygiene efforts? Do efforts consider the differing needs of students based on their gender, age, disability, and other power differentials? (Patterns of Decision-Making)
- Who participates in or is expected to participate in parent-teacher committees or other school groups? What contributions are parents expected to make to school programmes such as feeding programmes? Do these place disproportionate burdens on women, single parents, low-income families, or others? (Access to and Control Over Resources)

### Society

- Do separate, safe, and private latrines and washing facilities exist for girls and boys? Are they accessible for children with disabilities? (Safety, Dignity, and Well-being)
- How do schools create opportunities for students in gardening activities, cleaning, waste separation, and collection activities? Are different roles given to students based on gender or age? What norms and beliefs inform this division of labour? (Roles, Responsibilities, and Time Use; Social Norms, Practices, and Beliefs)
- Is health education integrated into the curriculum for students in all grades? To what extent does it include content on nutrition, HIV/AIDS, menstrual hygiene, malaria prevention, hygiene, gender equality, GBV, and SRH? (Laws, Policies, Regulations, and Institutional Practices)
- How is physical activity built into the curriculum? Are all children given equal opportunities to participate? How do schools promote and enable the inclusion of children with disabilities in physical activities? (Laws, Policies, Regulations, and Institutional Practices)



# CHILD PROTECTION

These questions are considered relevant for all child protection interventions. Many of them can be used directly or can be adapted for specific technical areas and country contexts (e.g., instead of “child protection violations” you can adjust that question to “trafficking”). “Child protection services” in the questions below encompass all service providers who are involved with the protection of children such as social workers, para-social workers, counsellors, police, and healthcare providers. This document uses “child protection services,” but we recommend this term is adapted, specified, or disaggregated based on the country context.

## Individual

- Do children have someone they trust to talk to about their problems? Does this vary depending on children’s gender, age, disability, or other power differentials? Who do they go to? (Safety, Dignity, and Well-being)
- How and where do children typically communicate with their peers on issues that are affecting them? How does this vary among different groups of children based on their gender, age, caste, or other power differentials? (Social Norms, Beliefs, and Practices)
- What avenues exist for children to access information about their rights regarding their protection and dignity? How is the information adapted for different audiences (e.g., age-appropriate and in a language or medium they can understand)? (Access to and Control Over Resources)
- How can children access information about the child protection services available to them if they need support? To what extent is the information adapted for different audiences (e.g., age-appropriate and a language they can understand)? (Access to and Control Over Resources)
- To what extent are children involved in decision-making about their time spent on education, household chores, paid work, and free time? Does children’s ability to influence decisions differ based on their gender, age, or other power differentials? (Patterns of Decision-Making)
- Do the daily activities of children disproportionately affect their risk or vulnerability to child protection violations? How do risks vary for children based on their gender, age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.)? (Safety, Dignity, and Well-being)

# CHILD PROTECTION

## Interpersonal

- Who makes decisions in a family about whether to access and use child protection services? (Patterns of Decision-Making; Safety, Dignity, and Well-being)
- How are childcare responsibilities divided between men and women? Are there differences in the amount of time spent on childcare by men and women caregivers? Who in the family decides how caretaking responsibilities are distributed. (Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- Does caregiving provided by men and women differ? If so, how? (Safety, Dignity, and Well-being; Social Norms, Beliefs, and Practices)
- Who experiences violence within households? Who perpetrates the violence? To what extent are survivors able to access care and support services? (Safety, Dignity, and Well-being; Social Norms, Beliefs, and Practices)
- Do female caregivers and male caregivers have someone they trust to talk to about their problems? Who do they go to? (Safety, Dignity, and Well-being; Social Norms, Beliefs, and Practices)
- What are the survival strategies for economically insecure households? Do family members have concerns that the strategies may disproportionately affect the safety and well-being of their children? (Safety, Dignity, and Well-being)

## Community

- Which people in the community hold greater power or influence? Which people in the community have less power or are marginalised based on their gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.)? (Patterns of Decision-Making; Access to and Control Over Resources)
- Do women and men hold equal power in making decisions in the community? Whose views carry the greatest weight, and who makes most of the decisions? (Patterns of Decision-Making)
- Do adolescents and adults hold equal power in making decisions in the community? What about children? Whose views carry the greatest weight, and who makes most of the decisions? (Patterns of Decision-Making)
- Are there community child protection structures? If yes, are they part of a formal government structure/decentralisation governance or do they exist wholly separate from the government? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What is the authority of the community child protection structure in comparison to other community-based leadership (e.g., village head)? Is there a significant gender imbalance between the community child protection structure and the other community-based leadership roles? (Patterns of Decision-Making)
- Who is involved in community child protection structures? To what extent are the members of community child protection structures representative of the population of the children and families they serve? Are there people in this community who are not represented in the community child protection structure? (Access to and Control Over Resources; Patterns of Decision-Making)

# CHILD PROTECTION

## Community: Continued

- To what extent is the community aware of children's rights? Does this level of awareness differ between rights for boys and rights for girls? (Access to and Control Over Resources)
- What social norms and gender roles influence community members' beliefs regarding violence against children, including physical and humiliating punishment, sexual and gender-based violence, and child marriage? (Social Norms, Beliefs, and Practices; Roles, Responsibilities, and Time Use; Safety, Dignity, and Well-being)
- How do social norms and gender roles influence community members' beliefs about mental health and expressing emotions? (Social Norms, Beliefs, and Practices: Safety, Dignity, and Well-being)
- How does discrimination or xenophobia impact children's and families' access of child protection services? Does it also impact the quality of services delivered? (Access to and Control Over Resources; Safety, Dignity, and Well-being; Social Norms, Beliefs, and Practices)

## Society

- What protections for children's safety and well-being are recognised in national law or policies? Do child protection related laws or policies between government ministries and offices contradict each other (e.g., legal working age)? (Laws, Policies, Regulations, and Institutional Practices)
- How inclusive are national laws and policies of ALL children living within the territory/state? Which groups of children might routinely be excluded based on their gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.? (Laws, Policies, Regulations, and Institutional Practices)
- Do child protection related laws or policies of the government differ from informal/customary laws? If so, how do they differ and what are the implications of these differences? (Laws, Policies, Regulations, and Institutional Practices)
- How is information about child protection and mental health and psychosocial services (MHPSS) shared to children, caregivers, teachers, etc. (e.g., through visits to a service provider, on the radio, on billboards)? Is this information accessible to different groups? Is the information adapted for different audiences (e.g., age-appropriate and in a language that people can understand)? (Access to and Control Over Resources)
- Do police stations, healthcare providers, and social service providers have a focal point for child protection or child survivors of sexual and gender-based violence? To what extent are these focal points trained to deliver age-appropriate, trauma-informed services for children? (Access to and Control Over Resources; Roles, Responsibilities, and Time Use)
- Does pre or in-service training for service providers such as social workers, counsellors, healthcare workers, police, and prosecutors include specialist content on supporting child survivors of violence, abuse, neglect, or exploitation? (Access to and Control Over Resources)
- What social norms and gender roles influence the availability and quality of services for child survivors of violence, abuse, neglect, or exploitation? (Social Norms, Beliefs, and Practices)

# CHILD PROTECTION

## Child, Early, and Forced Marriage and Unions (CEFMU)

### Individual

- Are particular groups of girls, boys, or children who have non-binary gender identities more affected by this practice (e.g., children from ethnic/indigenous minorities, from rural/urban areas, from refugee/migrant communities, children with disabilities, etc.)? (Social Norms, Practices, and Beliefs)
- To what extent do girls and boys have control over whether or not they marry, who to marry, and when to marry? Does this differ for some children, depending on power differentials such as gender, age, race, or disability? What influences children's thinking about child, early, and forced marriage and unions? (Patterns of Decision-Making; Social Norms, Practices, and Beliefs)
- To what extent are children aware of GBV risks, the forms they take, and where to seek help? Do awareness levels differ among children based on their socio-economic status, gender, or age? (Safety, Dignity, and Well-being)
- How does access to and control over assets and resources differ between girls and boys and between married and unmarried women and girls? To what extent do married girls or those in unions have access to social (education and health) and economic (employment and income), services? What barriers prevent or limit their access? (Access to and Control Over Resources)
- What decision-making power do married girls have? How does girls' decision-making power within marriage differ, depending on their socio-economic status, race, disability, or age? What role do married girls play in decision-making about their health, including when and how many children to have and whether to use contraception? How do disability, socio-economic status, and other power differentials shape married girls' decision-making power over their own sexual and reproductive health? (Patterns of Decision-Making)
- What is the division of labour between men and women, girls and boys? How does the division of labour influence school dropout and completion, fertility rates, and economic participation rates, as well as the age of marriage and the dynamics of the marriage relationship among males and females? How much time do women and girls spend on unpaid care work compared to men and boys? Are girls ever removed from school to carry out unpaid care work? (Roles, Responsibilities, and Time Use)
- How do gender roles, responsibilities, and time use differ between women and girls who were married as children and unmarried girls? Between girls and boys? Between married women who were married before the age of 18 and married women who were married after the age of 18? Do women and girls who have experienced child marriages encounter unique obstacles? How can we maximise the ability of married girls to participate in project activities? (Roles, Responsibilities, and Time Use)
- Do women and girls who have experienced CEFMU face social isolation? Do they lack access to resources and the power and knowledge of how to control those resources? What opportunities exist for married women and girls, and how can these be leveraged to promote their education, employment, rights and well-being? (Access to and Control Over Resources)

# CHILD PROTECTION

## Child, Early, and Forced Marriage and Unions

### Interpersonal

- Who makes decisions about when and whom girls and boys should marry or enter into unions with? What family-level factors influence the decision that a child should marry? How does education status, urban/rural, age, birth order, religion, ethnic group, disability status, and socio-economic status influence marriage decisions? (Patterns of Decision-Making)
- What social norms and gender roles influence family decisions about child, early, and forced marriage and unions? (Social Norms, Practices, and Beliefs; Roles, Responsibilities, and Time Use)
- Does marriage include a financial transaction such as a dowry or a bride price? If so, in what ways do financial practices associated with marriage impact the age at which girls and boys are married? (Social Norms, Practices, and Beliefs; Access to and Control Over Resources)
- How do age of marriage, dynamics of the marriage relationship, and difference in age of partners influence patterns of power and decision-making within the marriage relationship? How does a child's gender or whether or not they have a disability impact their decision-making power in the marriage relationship? (Patterns of Decision-Making)

### Community

- What cultural and traditional practices accompany marriage formation and influence whether girls and boys marry or enter unions (e.g., norms about virginity, sexual or female chastity/purity, initiation rituals, female genital mutilation/cutting, polygyny, bride abduction, pregnancy, access to social media, peer pressure, polygamy, bride price, dowry, etc.)? Who are the main gatekeepers or influencers? (Social Norms, Practices, and Beliefs; Patterns of Decision-Making)
- What are the cultural norms and beliefs regarding marriage? What are the relevant norms and beliefs about girls' and women's roles as wives and mothers and boys' and men's roles as husbands and fathers? How do norms on marriage and women's roles as wives and mothers affect beliefs regarding women and girls' education and economic participation? What are the relevant norms on chastity, purity, and pregnancy, and how do they influence marriage practices? What are the social norms in place to allow girls with disabilities enter into early and forced marriages without seeking their informed consent? (Social Norms, Practices, and Beliefs)
- How do laws and policies influence marriage decisions at the local level? Does customary law allow CEFMU or associated practices? Does customary law contradict formal law? Who upholds and enforces customary law? For example, if the national law states a minimum age of marriage, is this law actually what people abide by? If local religious leaders approve and are willing to perform marriages between younger individuals, do families practice CM? What reasons are given to explain the cultural acceptance of customary law? (Social Norms, Practices, and Beliefs; Laws, Policies, Regulations, and Institutional Practices)

# CHILD PROTECTION

## Child, Early, and Forced Marriage and Unions

### Community: Continued

- What support do service providers (health and violence response), law enforcement, and community/religious leaders need to provide confidential, sensitive support to girls at risk or who are already married? Is there a safe system for individuals to report child marriage cases? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- Are unmarried survivors of sexual violence expected, forced, or pressured to marry their assaulter? Does this differ by gender, age, or other power differentials? (Social Norms, Practices, and Beliefs; Patterns of Decision-Making)
- To what extent do community-based mechanisms exist to challenge harmful practices, including child marriage but also intimate partner violence, female genital mutilation, 'honour' killings, acid attacks, and harmful initiation rituals? (Laws, Policies, Regulations, and Institutional Practices)
- What opportunities exist for married girls in this community, and how can these be leveraged to promote the education, employment, rights and well-being of married girls and boys? (Access to and Control Over Resources)
- If women and girls experience GBV, such as abduction or rape, are they encouraged to marry perpetrators? If so, why? Do marriage expectations for GBV survivors vary based on their age, socio-economic status, or other power differentials? Are girls with disabilities more at risks of rape than girls without disabilities? (Safety, Dignity, and Wellbeing)

# CHILD PROTECTION

## Child, Early, and Forced Marriage and Unions

### Society

- What higher-level factors influence whether girls and boys marry or enter informal unions (e.g., economic factors, conflict, natural disasters, etc.)? (Access to and Control Over Resources; Safety, Dignity, and Well-being)
- What are the national laws on the minimum age of marriage, marriage certification, birth registration, gender discrimination, GBV, divorce, and child-protection standards? Are the laws for each of these areas the same for women and men or other groups (e.g., refugees, internally displaced persons, etc.)? What, if any, exceptions do child marriage laws and policies include? Which groups of children are most affected by the exceptions? (Laws, Policies, Regulations, and Institutional Practices)
- Is the right to initiate divorce and the right to vote the same for women and men? How are these laws enforced at the national and local levels? (Laws, Policies, Regulations, and Institutional Practices)
- Are women and girls able to access justice—including law enforcement and judiciary systems—or do they encounter constraints? What constraints do they encounter, including in law enforcement and judiciary systems? Are individuals, households, and communities aware of laws? (Laws, Policies, Regulations, and Institutional Practices)
- Do police stations and social service providers have a focal point for child survivors of GBV and/or someone who can support girls facing child marriage? (Laws, Policies, Regulations, and Institutional Practices)
- What are the risk factors for children to be trafficked, including for the purpose of child marriage? How do risk factors vary according to the child's gender, age, socio-economic or migrant status? (Safety, Dignity, and Well-being)
- How do informal or customary courts support or outlaw harmful traditional practices, including CEFMU? What are the exceptions made for certain children based on gender, age, or other factors? (Laws, Policies, Regulations, and Institutional Practices)
- What are the positive and negative impacts (e.g., driving the practice underground) of legislating against child marriage? What factors should be in place before legislative change occurs (e.g., political will and community consensus)? (Laws, Policies, Regulations, and Institutional Practices)
- How do circumstances like economic conditions, conflict, and natural disasters affect child marriage practices? (Safety, Dignity, and Well-being)

# CHILD RIGHTS GOVERNANCE (CRG)

## Individual

- Are birth registration rates the same for girls and boys? Are single mothers or mothers whose husbands/partners are not citizens allowed to register their children? (Access to and Control over Resources; Patterns of Decision-Making; Laws, Policies, Regulations, and Institutional Practices)
- What are the leading child rights violations in this context? Do these violations affect particular groups of children differently based on their gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.)? (Safety, Dignity, and Well-being)
- To what extent are different groups of children aware of their rights? (Access to and Control Over Resources)
- How do/can different groups of children influence decisions that affect their lives? (Patterns of Decision-Making; Safety, Dignity, and Well-being)

## Interpersonal

- To what extent are family members aware and supportive of children's rights? Do they equally support girls, boys, and children who have non-binary gender identities to exercise their rights (e.g., rights to inheritance, land, etc.)? (Social Norms, Beliefs, and Practices; Safety, Dignity, and Well-being)
- What social norms influence families' upholding of children's rights? Do these norms vary based on children's gender; age; sexual orientation; socio-economic status; disability; race; ethnicity; caste; indigeneity; nationality, and migratory, internally displaced, or refugee status, etc.)? (Social Norms, Beliefs, and Practices; Safety, Dignity, and Well-being)
- How do families influence children's (girls, boys, and children who have non-binary gender identities) participation in civil society organisations? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- What are common caregiver practices around consulting children in household decisions? Do some children (e.g., boys vs girls and older vs younger) have more power to influence household decision-makers? (Patterns of Decision-Making)



# CHILD RIGHTS GOVERNANCE (CRG)

## Community

- Do girls, boys, and children who identify as non-binary enjoy equal representation in children's parliaments, committees, and networks at the state or local level? Does their level of participation vary once other power differentials such as age, disability, and socio-economic status are analysed? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- What gender and social barriers prevent or limit children's participation in public decision-making? Do the barriers vary for different groups of children? (Patterns of Decision-Making; Roles, Responsibilities, and Time Use)
- What social norms exist that support or suppress girls', boys', and non-binary children's ability to exercise their rights? (Social Norms, Beliefs, and Practices)

## Society

- Are females granted the same rights under the law as males? (Laws, Policies, Regulations, and Institutional Practices)
- Is the minimum age of marriage the same for males and females? Are the rights to initiate divorce and to vote the same for all people? (Laws, Policies, Regulations, and Institutional Practices)
- What are different groups of children's (e.g., girls with disabilities, boys from ethnic minority groups, etc.) perceptions of the state's ability to uphold their rights? (Laws, Policies, Regulations, and Institutional Practices; Safety, Dignity, and Well-being)
- What forms of GBV are illegal? What services are available for survivors? To what extent are perpetrators held to account by the law? (Laws, Policies, Regulations, and Institutional Practices; Social Norms, Practices, and Beliefs)
- To what extent do child rights legislation and policies promote gender equality and address violence against children such as GBV? (Laws, Policies, Regulations, and Institutional Practices)
- Is the State legally required to complete a gender analysis of all new legislation, policies, and budget allocations (including related to emergencies)? (Laws, Policies, Regulations, and Institutional Practices)
- Is the proportion of the national budget spent on children reaching girls and boys equally? (Access to and Control Over Resources)
- In what ways are public officials/decision-makers held accountable for their commitments to children's rights? (Patterns of Decision-Making)
- What social accountability mechanisms are in place to uphold children's rights? Are these mechanisms inclusive? Do they enable children's participation? (Safety, Dignity, and Well-being)
- Does national legislation comply with the general measures of implementation of the UN Convention on the Rights of the Child linked to equality and non-discrimination measures? (Laws, Policies, Regulations, and Institutional Practices)

## ANNEX THREE

# THE RESOURCES:

GAP Analysis Tools, Glossary, &  
Additional References

 Acronyms

 Tools

 Glossary

 Additional References

# ACRONYMS

<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child	<b>ICERD</b>	International Convention on the Elimination of All Forms of Racial Discrimination
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women	<b>IDS</b>	Institute of Development Studies
<b>CFM</b>	Child Function Module	<b>IED</b>	Improvised Explosive Device
<b>CRC</b>	Convention on the Rights of the Child [see UNCRC]	<b>ILO</b>	International Labour Organization
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities	<b>INEE</b>	Inter-agency Network for Education in Emergencies
<b>DCOP</b>	Deputy Chief of Party	<b>IRB</b>	Internal Review Board
<b>ERC</b>	Ethics Review Committee	<b>IRC</b>	International Rescue Committee
<b>FAO</b>	Food and Agriculture Organization	<b>IYF</b>	International Youth Foundation
<b>FGD</b>	Focus Group Discussion	<b>KII</b>	Key Informant Interview
<b>FGM/C</b>	Female Genital Mutilation or Cutting	<b>LAR</b>	Legally Authorized Representative
<b>FNM</b>	Female No Male	<b>LGBTQI+</b>	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex +
<b>FP</b>	Family Planning	<b>M&amp;F</b>	Male and Female
<b>GAP</b>	Gender and Power	<b>MHM</b>	Menstrual Hygiene Management
<b>GBV</b>	Gender-based Violence	<b>MISP</b>	Minimum Initial Service Package
<b>GEM</b>	Gender Equality Marker	<b>MNCH</b>	Maternal, Newborn and Child Health
<b>GESI</b>	Gender and Social Inclusion	<b>MNF</b>	Male No Female
<b>GPS</b>	Global Positioning System	<b>MRM</b>	Monitoring and Reporting Mechanism
<b>HQ</b>	Headquarters	<b>NGO</b>	Non-Governmental Organization
<b>IASC</b>	Inter-Agency Standing Committee	<b>NHRI</b>	National Human Rights Institution

# ACRONYMS

<b>OECD</b>	Organization for Economic Cooperation and Development
<b>ODI</b>	Overseas Development Institute
<b>OPD</b>	Organization of Persons with Disabilities
<b>PDM</b>	Post-Distribution Monitoring
<b>PWDA</b>	People with Disability Australia
<b>REALM</b>	Research, Evidence, Accountability, Monitoring, and Learning
<b>REL</b>	Research, Evidence, and Learning
<b>RFA</b>	Request for Applications
<b>SC</b>	Save the Children
<b>SCA</b>	Save the Children Australia
<b>SCI</b>	Save the Children International
<b>SCUK</b>	Save the Children United Kingdom
<b>SCUS</b>	Save the Children United States
<b>SDG</b>	Sustainable Development Goal
<b>SME</b>	Small- and Medium-sized Enterprises
<b>SOGIE</b>	Sexual Orientation and Gender Identity Expression
<b>SOGIESC</b>	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights

<b>STEM</b>	Science, Technology, Engineering, and Math
<b>TAAP</b>	Transforming Agency, Access, and Power
<b>TA</b>	Technical Advisor
<b>TE</b>	Technical Expertise
<b>ToC</b>	Theory of Change
<b>UNCRC</b>	United Nations Convention on the Rights of the Child [see CRC]
<b>UNDP</b>	United Nations Development Programme
<b>UNDRIP</b>	United Nations Declaration on the Rights of Indigenous Peoples
<b>UNESCO</b>	United Nations Education, Scientific, and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund (formerly known as the United Nations Fund for Populations Activities)
<b>UNGEI</b>	United Nations Girls' Education Initiative
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations (International) Children's (Emergency) Fund
<b>UPR</b>	Universal Period Review
<b>VNR</b>	Voluntary National Report
<b>WASH</b>	Water, Sanitation, and Hygiene Services
<b>WEF</b>	World Economic Forum
<b>WG-SS</b>	Washington Group Short Set
<b>WHO</b>	World Health Organization

# TOOLS



**Tool 1:**  
GAP Analysis Scope of Work Template



**Tool 2:**  
Sample GAP Analysis Consultant Scope of Work



**Tool 3:**  
GAP Analysis Budget Templates



**Tool 4:**  
Literature Review Worksheet



**Tool 5:**  
GAP Data Sheet Template



**Tool 6:**  
Sample Research Protocol Template



**Tool 7:**  
Sample GAP Analysis Questions Template



**Tool 8:**  
Description of Key Data Collection Methods



**Tool 9:**  
Key Research Questions and Methods Template



**Tool 10:**  
Security and Mobility Mapping Activity



**Tool 11:**  
Gender Equality Program Guidance and Toolkit – Pg. 93 to pg. 121



**Tool 12:**  
Social Norms Exploratory Tool



**Tool 13:**  
A Kit of Tools for Participatory Research and Evaluation with Children



**Tool 14:**  
Risk Assessment for Child Participation and Data Collection with Children



**Tool 15:**  
Reporting and Referral Protocol Template



**Tool 16:**  
Sample Assent Form for Research with Children



**Tool 17:**  
Community Organization Mapping Template



**Tool 18:**  
Data Analysis Template

# GLOSSARY

**Ableism:** Prejudice and/or discrimination against people with disabilities.

**Ageism:** Prejudice and/or any form of discrimination based on age.

**Agender:** A person who does not identify as having a gender identity that can be categorised as man or woman or who identifies as not having a gender identity.<sup>1</sup>

**Asexual:** A person who does not experience sexual attraction. They may or may not experience emotional, physical, or romantic attraction. Asexuality differs from celibacy as it is a sexual orientation, not a choice.<sup>2</sup>

**Assent:** The process of obtaining a child's affirmative agreement to participate in research activities. Obtaining child assent preserves the child's dignity and autonomy by ensuring they can exercise their decision-making capacity to influence their own outcomes. Assent cannot take place until informed consent has occurred with the child's parent or legal guardian.

**Bisexual:** A person emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way, or to the same degree. Sometimes used interchangeably with pansexual.<sup>3</sup>

**Biphobia:** The irrational fear and hatred of, or discomfort with, people who love and are sexually attracted to more than one gender.<sup>4</sup>

**Caste:** A form of social stratification based on inherited rank and ascribed at birth.

**Child protection:** Child protection is making the world safe for children. It is SC's programmatic area of work aimed at protecting children from all forms of abuse and exploitation in all regions of the world. Child protection responses are macro-level in scale and involve holistic approaches to meet social and legal protection needs of children and their families within vulnerable communities.<sup>5</sup>

**Child safeguarding:** The set of policies, procedures, and practices that SC employs to ensure that it is a child safe organisation. Child safeguarding makes SC safe for children. It involves our collective and individual responsibility and preventative actions to ensure that all children are protected from deliberate or unintentional acts that lead to the risk of or actual harm from SC staff, representatives, and third parties who come into contact with children or impact them through our development interventions, humanitarian responses, and operations. This includes our direct programme implementation, work through partners, and management of children's personal data.<sup>6</sup>

**Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.<sup>7</sup>

**Classism:** Prejudice and/or discrimination based on economic class or socio-economic status.

# GLOSSARY

**Colourism:** Prejudice or discrimination based on the colour of a person's skin.

**Disability:** see Person with a Disability in this glossary.

**Discrimination:** Any exclusion or restriction that creates barriers for individuals or groups to enjoy or exercise their human rights. Prejudice + Power = Discrimination. It occurs when members of a more powerful social group behave unjustly or cruelly toward members of a less powerful social group. Discrimination can take many forms, including individual acts of hatred or injustice and institutional denials of rights.

**Empowerment:** When individuals acquire the power to act freely, exercise their rights, and fulfil their potential as full and equal members of society. Empowerment often comes from within and individuals empower themselves, but cultures, societies, and institutions create conditions that facilitate or undermine the possibilities for empowerment.<sup>8</sup>

**Ethnicity:** Group identity and membership based on common characteristics, including ancestry, history, culture, religion, language, traditions, and customs.<sup>9</sup>

**Gay:** A sexual orientation in which people are physically, romantically, emotionally, and/or spiritually attracted to people of the same gender.

**Gender:** The socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for girls, boys, women, and men. The term is also used more broadly to denote a range of identities that do not correspond to established ideas of man and woman.

**Gender analysis:** In a gender analysis, one collects, analyses, and interprets data and information about the specific situations, roles, responsibilities, needs, and opportunities of girls, boys, women, men, and children and adults with non-binary gender identities. A gender analysis has the following objectives:

- Identify the differences between them
- Understand why those differences exist

Take specific action to adapt or harmonise a programme so it meets the needs of girls, boys, women, men, and children and adults with non-binary gender identities in an equitable manner and, where possible, includes activities that address gender discrimination, gender-based violence, and discriminatory gender norms.

Monitor and evaluate the progress achieved in closing identified gaps between girls, boys, women, men, and children and adults with non-binary gender identities in their ability to access and benefit fully from an intervention, as well as in reducing gender discrimination.<sup>10</sup>

**Gender-based violence:** All harm inflicted or suffered by individuals based on gender differences. The intention of gender-based violence is to establish or reinforce power imbalances and perpetuate gender inequalities. Anyone can experience GBV. However, it affects women, girls, and people with non-binary gender identities systematically and disproportionately. GBV includes forms of violence such as rape; child, early, and forced marriage; female genital mutilation or cutting; sexual violence and abuse; denial of access to education and reproductive health services; physical violence; and emotional abuse.<sup>11</sup>

# GLOSSARY

**Gender binary:** The idea that gender is strictly an either/or option of male/man/masculine or female/woman/feminine based on sex assigned at birth. The gender binary is considered to be limiting and problematic for those who do not identify with the categories of man/women.<sup>12</sup>

**Gender equality:** The absence of discrimination based on sex or gender. For SC, gender equality occurs when one sex or gender is not routinely privileged or prioritised over another and all people are recognised, respected, and valued for their capacities and potential as individuals and members of society.<sup>13</sup>

**Gender equity:** The process of being fair to girls, boys, women, men, and children and adults with non-binary gender identities. To ensure fairness, strategies and measures must be available to compensate for the historical and social disadvantages that prevent people from otherwise operating equally in society. Equity leads to equality.<sup>14</sup>

**Gender exploitative:** Gender exploitative approaches and interventions take advantage of rigid and unequal gender norms and existing power imbalances to achieve programme objectives. As a result, such programming further exploits people who have less social power because of their gender identity or expression such as girls and women.<sup>15</sup>

**Gender expression:** External representation of one's gender identity, usually expressed through behaviour, clothing, haircut, and voice. A person's gender expression may or may not align with socially defined behaviours and characteristics typically associated with being either masculine or feminine.<sup>16</sup>

**Gender identity:** One's innermost concept of self as man, woman, a blend of both, or

neither. How individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.<sup>17</sup>

**Gender norms:** The accepted attributes and characteristics of different gender identities at a particular point in time for a specific society or community. Gender norms are the standards and expectations about gender within a particular setting. They are ideas about how girls, boys, women, men, and children and adults with non-binary gender identities should be and act.<sup>18</sup>

**Gender mainstreaming:** The process of assessing the implications for girls, boys, women, men, and children and adults with non-binary gender identities of any planned action in all areas and at all levels. A strategy for making the concerns and experiences of girls, boys, women, men, and children and adults with non-binary gender identities an integral part of the design, implementation, monitoring, and evaluation of policies and programmes. A means to ensure that gender inequality is not perpetuated and that all people benefit equitably from interventions. An approach to achieve gender equality.<sup>19</sup>

**Gender roles:** Behaviours, attitudes, and actions that society deems appropriate or inappropriate for people based on their gender according to cultural norms and traditions. Gender roles are neither static nor universal. They vary between cultures, over time, between generations, and in relation to other social identities such as social class, socio-economic status, ethnicity, sexual orientation, religion, ability, and health status. Gender roles and equality may also shift with processes of urbanisation or industrialisation.<sup>20</sup>



# GLOSSARY

**Gender sensitive:** When the different needs, abilities, and opportunities of boys, girls, men, women, and children and adults with non-binary gender identities are identified, considered, and accounted for. SC believes that all its work should be gender sensitive as a minimum standard.<sup>21</sup>

**Gender transformative:** The use of a gender sensitive approach and the promotion of gender equality while working with key stakeholders to identify, address, and positively transform the root causes of gender inequality with and for girls, boys, women, men, and children and adults with non-binary gender identities. SC strives to use gender transformative approaches whenever possible across its programmes, advocacy, and organisation.<sup>22</sup>

**Gender unaware:** Approaches and interventions that are designed without any consideration of gender inequality. They may inadvertently reinforce gender inequalities and miss opportunities in programme design, implementation, and evaluation to enhance gender equality and achieve more sustainable project outcomes.<sup>23</sup>

**Heteronormativity:** The assumption that everyone is heterosexual and that heterosexuality is superior to homosexuality, bisexuality, and all other sexual orientations.

**Heterosexual:** A person who experiences sexual, romantic, physical, and/or spiritual attraction solely to people of the opposite gender.

**Homophobia:** The irrational fear, hatred, intolerance of, or discomfort with people who are attracted to members of the same sex. Homophobic behaviour can range from telling offensive jokes to verbal abuse to acts of physical violence.<sup>24</sup>

**Informed Consent:** Voluntary agreement to participate in an activity, including research activities. It is the process of respecting a person's dignity by ensuring they are fully informed and can exercise their autonomy and decision-making capacity.

**Internally displaced persons:** Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or human-made disasters. Internally displaced persons have not crossed an internationally recognised state border.

**Intersectionality:** A framework for understanding how individuals and groups are simultaneously impacted by multiple systems of oppression and forms of discrimination. It considers overlapping power relations to understand the complexity of people's lives, including the privileges and disadvantages they experience. It also refers to the interconnected nature of systems of oppression (e.g., sexism, ageism, homophobia, ableism, racism xenophobia, classism) and power differentials (e.g. based on gender; age; sexual orientation; disability; race; ethnicity; caste; indigeneity; and socio-economic status).

**Impairment:** A loss or reduction of a body structure or function. Impairment can be physical, mental, intellectual, or sensory.

**Intersex:** An umbrella term used to describe a wide range of natural bodily variations beyond the male/female sex binary. In some cases, these traits are visible at birth while in others, they may not be apparent until puberty. Some chromosomal variations may not be physically apparent.<sup>25</sup>

# GLOSSARY

**Lesbian:** An adjective or noun that describes a woman who is emotionally, romantically, or sexually attracted to other women.<sup>26</sup>

**Migrant:** Any person who is moving or has moved across an international border or within a State away from their habitual place of residence, regardless of 1.) the person's legal status; 2.) whether the movement is voluntary or involuntary; 3.) what the causes for the movement are; or 4.) what the length of the stay is.

**Nationality:** The legally recognised status of belonging to a particular nation. It entitles people to social, civil, economic, and political rights within a nation, including the right to citizenship.

**Non-binary:** An adjective describing a person who does not identify exclusively as a man or a woman. People may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. Non-binary is an umbrella term encompassing gender identities such as transgender, agender, bigender, genderqueer, and gender-fluid.<sup>27</sup>

**Oppression:** The systematic subjugation of a group of people by another group with access to social power, the result of which benefits one group over the other and is maintained by social beliefs and practices.

**Patriarchy:** A belief system that justifies unequal power relations based on sex and/or gender. It maintains that males or men are inherently superior (intellectually, emotionally, physically, etc.) and is used to justify men's power in society, including over women, girls, and non-binary people.

**Person with a Disability:** "A person who has long term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others."<sup>28</sup>

**Power Differentials:** Social categorisations or markers that identify varying degrees of power and status between individuals and groups.

**Prejudice:** A conscious or unconscious negative belief about a whole group of people and its individual members. Anyone can be prejudiced toward another individual or group.

**Queer:** A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively heterosexual and/or people who have non-binary or gender expansive identities. This term was previously used as a slur but has been reclaimed by many in the LGBTQ movement. Due to its history as a reclaimed slur and use in political movements, queer still holds political significance.<sup>29</sup>

**Race:** A classification system that groups people based on perceived biological or cultural differences such as skin colour, hair texture, and facial features. Race is a socially constructed concept with no basis in biology.

**Racism:** Discriminatory attitudes, beliefs, and actions against people due to their perceived racial identity or racial group membership. It is based on the belief that racial groups have distinct biological and/or cultural characteristics determined by hereditary factors and that this endows some races with an intrinsic superiority over others. People can express racism through subtle actions or assumptions or through systemic and institutionalised discrimination against a specific race.

# GLOSSARY

**Refugee:** Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership in a particular social group, or political opinion.

**Sex assigned at birth:** The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth and/or karyotyping.

**Sex characteristics:** External and internal genitalia, chromosomes, secondary sex characteristics, and hormonal balances.

**Sexism:** Prejudice and/or forms of discrimination based on sex or gender, especially against women, girls, and children and adults with non-binary gender identities.

**Sexual orientation:** A person's physical, romantic, emotional, and/or spiritual attraction to another person. Everyone has a sexual orientation. An individual's sexual orientation is independent of their gender identity.<sup>30</sup>

**Social exclusion:** A complex and multi-dimensional process that involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.<sup>31</sup>

**Social inclusion:** A process which ensures that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, legal, political, and cultural life and to enjoy a standard of living that is considered normal in the society in which they live. It ensures that they have greater participation in decision-making on issues which affect their lives and greater access to their fundamental rights.<sup>32</sup>

**Socio-economic status:** The social standing of an individual or group that is usually measured as a combination of income, wealth, education, and occupation.

**Stereotype:** A preconceived or oversimplified generalisation about an entire group of people without regard for their individual differences. Stereotypes have a negative impact because they involve broad generalisations that ignore individual realities.

**Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Transgender does not imply any specific sexual orientation. People who identify as transgender may identify as straight, gay, lesbian, bisexual, etc.<sup>33</sup>

**Transphobia:** The irrational fear, hatred, or intolerance of people who are transgender or are perceived to be transgender.

**Xenophobia:** Any form of prejudice or discrimination that rejects, excludes, and/or vilifies people based on the perception that they are outsiders or foreigners to the community, society, or national identity. Xenophobic behaviour is based on existing ethnic, religious, cultural, or national prejudice. Those who are perceived to be outsiders or foreigners—often migrants, refugees, asylum-seekers, displaced persons, and non-nationals—are primary targets.

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## Sexual Orientation, Gender Identity and Expression, Sex Characteristics (SOGIESC)

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# ANNEX THREE

## ENDNOTES:

<sup>1</sup> National Geographic. [Redefining Gender](#).

<sup>2</sup> Human Rights Campaign. [Glossary of Terms](#).

<sup>3</sup> Human Rights Campaign. [Glossary of Terms](#).

<sup>4</sup> Human Rights Campaign. [Glossary of Terms](#).

<sup>5</sup> Save the Children. (2019), *Policy on Child Safeguarding*.

<sup>6</sup> Save the Children. (2019), *Policy on Child Safeguarding*.

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<sup>9</sup> Adams, Marianne and Lee Anne Bell and Pat Griffin, editors. *Teaching for Diversity and Social Justice: A Sourcebook*.

<sup>10</sup> Save the Children. (2014). *Engendering Transformational Change: Gender Equality Program Guidance & Toolkit*.

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<sup>12</sup> National Geographic. [Redefining Gender](#).

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<sup>18</sup> UNICEF. (2018). [Gender Toolkit: Integrating Gender in Programming for Every Child in South Asia](#).

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<sup>20</sup> Save the Children. (2017). *Gender Equality Policy*.

<sup>21</sup> Save the Children. (2014). *Engendering Transformational Change: Gender Equality Program Guidance & Toolkit*.

<sup>22</sup> Save the Children. (2014). *Engendering Transformational Change: Gender Equality Program Guidance & Toolkit*.

<sup>23</sup> Save the Children. (2014). *Engendering Transformational Change: Save the Children Gender Equality Program Guidance & Toolkit*.

<sup>24</sup> Adapted from Human Rights Campaign. [Glossary of Terms](#).

<sup>25</sup> Human Rights Campaign. [Glossary of Terms](#).

<sup>26</sup> Adapted from Human Rights Campaign. [Glossary of Terms](#).

<sup>27</sup> Human Rights Campaign. [Glossary of Terms](#).

<sup>28</sup> [Article 1 of the Convention on the Rights of Persons with Disabilities](#).

<sup>29</sup> Human Rights Campaign. [Glossary of Terms](#).

<sup>30</sup> The Trevor Project. *Glossary Key Terms*.

<sup>31</sup> United Nations. (2018). *Leaving No One Behind*.



# GENDER & POWER ANALYSIS

THANK YOU!

