

Standard Operating Procedure for Integrating Gender in Monitoring, Evaluation, and Research

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What is gender?

Gender is the culturally defined set of expectations about the roles, rights, and responsibilities associated with women and men, as well as the power relations between and among people based on those expectations. Gender varies over time and within and between countries. Transgender people, whether they identify as women or men, are also subject to these gender expectations.

What are gender-sensitive indicators?

Gender-sensitive indicators are those that address gender directly and go beyond sex disaggregation alone—for example, gender attitudes and norms, power differences, access to educational and economic opportunities, and gender-based violence. Gender-sensitive indicators should be disaggregated by sex, when possible. Gender-sensitive indicators make it easier to assess how effectively gender dynamics that negatively influence health service access and outcomes have been addressed ([United States Agency for International Development \[USAID\], Automated Directive Systems \[ADS\], Chapter 205](#)).

What is gender integration?

Gender integration begins with identifying gender differences and inequalities and the resulting implications for specific programs, projects, and research. Gender integration is the process of addressing these differences and inequalities in the design, implementation, monitoring, and evaluation of programs ([USAID, 2010](#)).

Why integrate gender?

To improve health. Gender-related issues permeate culture and its institutions, often leading to health inequities for everyone. Gender inequalities affect health outcomes and program implementation, and ultimately the success of programs. To correct and guard against the inequitable influences of unequal gender norms on health, public health information systems must identify sex-specific trends and provide information needed to eliminate inequities.



It is required. USAID, along with most bilateral and multilateral agencies, has a gender equality policy that directs funded activities. For example, gender is a crosscutting issue in MEASURE Evaluation. We have committed to integrating gender in all of our work, and USAID holds us accountable for doing so.

Which activities should integrate gender?

All of them. The purpose of this standard operating procedure (SOP) is to clearly identify ways to account for gender equality as part of the activity.

Often, monitoring, evaluation, and research staff find it difficult to think about their technical areas in terms of gender norms, dynamics, and inequalities and integrate those perspectives in their work. We have published a series of briefs that address gender in specific technical areas to help you think through gender's implications for health and research. Click on the thumbnails of these publications on the first page for direct links.

Where should I integrate gender?

At every stage of an activity. Gender should be considered and addressed in every stage of an activity, from planning and budgeting to implementation and dissemination. This begins with your initial activity workplan. Every activity should identify how gender is integrated in the activity as part of workplan approval. You need to explain specifically how you plan to accomplish gender integration. If you believe that gender integration is not applicable to your activity, state the reason why. Activities should report on gender integration in quarterly reporting, indicating if data have been collected, analyzed, and reported on by sex or if gender-sensitive data were included. There should be a place for activity leads to describe other ways they have considered or integrated gender in their activity. This SOP reviews many ways other than sex-disaggregated and gender-sensitive data that gender can be integrated.

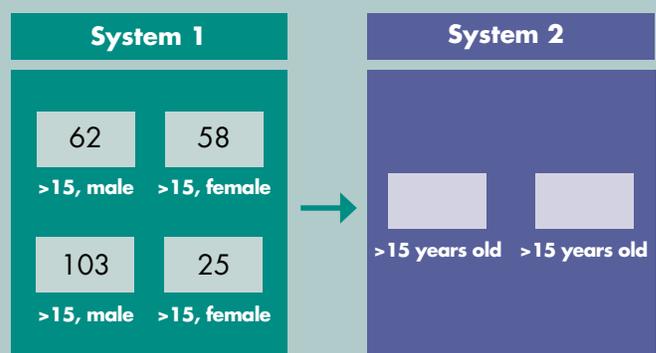
How does gender affect health information systems?

Health information systems (HIS) are an opportunity to collect data on a more routine basis for decision making. However, not all HIS are equal. Gender norms can influence the environment that determines from whom data are collected and for whom they are used. For example, more health data may be available for women, because they are the prime users of health services. However, less data may be available in civil registration and vital statistics (CRVS), because women are often disadvantaged in the ability to register themselves and their children. Strong, inclusionary HIS facilitate better program targeting. When formal systems are not sufficient, supplemental systems such as Sample Vital Registration with Verbal Autopsy can ensure that all women and girls are counted at various levels (national, provincial, rural, and urban) and provide nationally representative estimates of age and sex cause-specific mortality fractions. These data can provide accurate maternal mortality rates and show whether women or men are dying disproportionately of certain diseases.

HIS can explicitly measure certain gender equity concerns,

such as health decision making, couples communication, and gender-based violence. These elements should be built into systems.

Additionally, how and when systems include sex- and age-disaggregation can influence the interoperability of systems. Sex and age disaggregation is increasingly required in HIS, but not all systems adhere and not all systems have the same disaggregations. For example, MEASURE Evaluation manages the data exchange between DATIM and FACTS Info. If data fields are not harmonized properly, disaggregates can be lost between the two systems—up to 1,700 data elements!



Ideas on how to integrate gender in your activity

Here are examples of gender-related questions or actions that apply to work commonly undertaken monitoring, evaluation, and research.

1. Research protocol. Are women and girls included in this research? If they are, efforts should be made to ensure equity in representation, access to intervention, and benefits of research. If they are not, include a statement explaining why both sexes are not included. Does the study involve a sensitive topic, such as gender-based violence, or a sensitive group, such as lesbian, gay, bisexual, or transgender (LGBT) people? If so, you will need to pay attention to how you protect participants to adhere to the ethical standards and procedures recommended by the World Health Organization (WHO). Are there strategies to monitor for unintended consequences in such sensitive studies? Does your staff have gender expertise to be able to address these issues appropriately?

2. Stakeholder engagement. Gender equality begins by having the right people at the table. Do the people at the table represent the groups needed to talk about and promote gender equality in a meaningful way? In addition to these groups, what is the level of input from men, women, and transgender stakeholders, local women's nongovernmental organizations, community-based organizations, etc., in setting goals and objectives? Efforts should be made to engage men, women, and LGBT people as stakeholders, if they are affected by or engaged in the activity in any way.

3. Tools/questionnaires. Tools and questions should be piloted on both sexes, as applicable, and reviewed to ensure gender sensitivity. Pronouns used should be gender-neutral. If you are collecting data from LGBT people, you will need to be sensitive to differences in how people categorize their gender and sexuality and allow for appropriate self-reported gender and sexuality categories. Also consider the influence of stigma on their experience of the topic when you develop questions. MEASURE Evaluation's website is a resource for guidance on how to improve the collection of data on sexual and gender identity.

In developing the database tools for health information systems (HIS), does the database allow for entering sex- and age-disaggregated data? If a database tool allows for analysis of entered data, does it have the option to analyze by sex? Do two systems that are intended to be interoperable have the same disaggregations?

How can gender affect my data collection?

Women and men often occupy different spaces within the house and community, often because of traditional gender roles and expectations. Certain times and spaces may not be suitable choices for recruitment or for conducting discussions or interviews with one sex or another. For example, a study in Bangladesh aimed to collect information from men and women at the community level. When deciding where to hold interviews with groups of community informants, the researchers had to rule out local tea houses as an option, because these are not socially acceptable places for women to frequent. Holding group interviews in locations outside of tea houses allowed women to be better represented.



If you have questions about monitoring, evaluation, or research activities, talk to the MEASURE Evaluation gender portfolio staff at measure@unc.edu.

4. Trainings/workshops. Offer examples in trainings and workshops that reflect gender integration (e.g., in a workshop on data analysis, highlight the importance of analyzing data by gender to identify any gender differences). Additionally, the gender team can conduct a [specific module or session](#) in trainings or workshops to highlight the importance of gender in monitoring and evaluation. The gender of trainers and participants should also be noted and reported. Is there a balance of genders? Are there differences

in active participation by men and women during the training? If not, what can you do in the future to have more balance between genders?

5. Data collection. Are you noting the sex¹ and age² of respondents when collecting data? Routine health indicators that are presented both for men and women or boys and girls should be collected and disaggregated by sex and age. Would gender-sensitive indicators be relevant to your topic? Gender-sensitive indicators are indicators that address gender directly and go beyond sex disaggregation alone; examples are indicators pertaining to decision making about healthcare or finances, gender-based violence, and gender-related attitudes.

Gender can have a big impact on how, where, and when data are collected. For instance, it may be important to make provisions for childcare for women attending meetings or to select locations that women can easily reach or where they feel comfortable. Here are some questions to ask yourself: Will the place or time affect your ability to collect data from certain groups?

Are male and female interviewers on your data collection team, as appropriate, for the cultural context and study

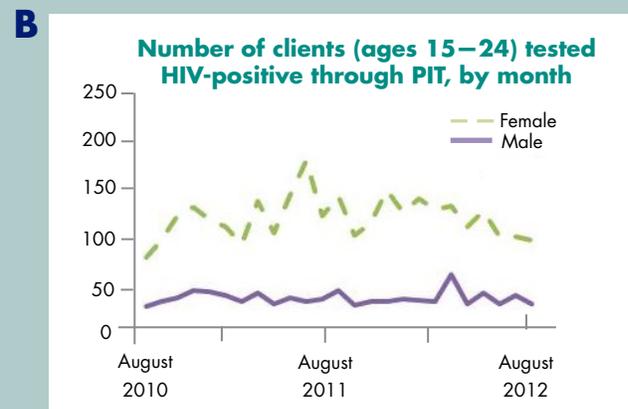
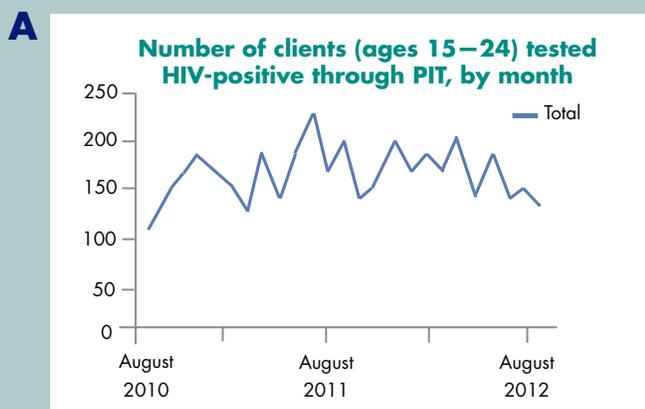
topic? Also, gender and power dynamics can be difficult to quantify. If you're planning a quantitative study, can you incorporate qualitative methods, such as focus groups or key informant interviews?

6. Data analysis. Routine health indicators for men and women and boys and girls should be disaggregated by sex³ and age during analysis. Are both sexes accessing and/or benefitting from the program equally? Do you see differences within age groups by sex? The different roles and status of women and men in the community, political sphere, workplace, and household may affect program uptake and results for women and men differently, even for such diseases as malaria. Make sure that data analysis is informed by an understanding of the context, relationships, power dynamics, and so forth involved in the health topic. Gender-sensitive indicators should also be disaggregated by sex during analysis, when possible.

7. Reports/publications/products. As with trainings and workshops, it is important to ensure that reports and publications reflect gender integration, by using gender-sensitive examples or including gender-specific modules.

Why is it important to disaggregate by sex?

Below are two graphs showing data on clients who tested HIV-positive by month between August 2010 and August 2012 in a country in sub-Saharan Africa. The overall trend in the two graphs is similar, but the difference between men and women is obvious only in the sex-disaggregated graph (B). It is clear that more women are testing positive for HIV, but this also could mean that more women are getting tested. Being able to compare data by sex leads program managers to question why fewer men are being tested, and if that is an area that needs improvement.



¹ In contexts where there is a third gender option, such as certain Asian countries, data should be disaggregated by gender.

² Age intersects with gender in determining the distribution of power in any society. Younger members of a society often have less power than older individuals, and younger women/girls have less power than younger men/ boys.

³ In instances where special surveys include self-identification of gender, particularly with respect to LGBT, data should be disaggregated by gender.

Activities can also include discussion of the results through a gender lens.

8. Dissemination and use. It is important to have a comprehensive dissemination and use plan. Consider how you will get the product or results to your stakeholders and whether information needs by sex or type of group represented are different. Will the dissemination of information favor one gender? Access to tools, training, and evaluation results can be empowering in itself. How will use of this data impact men and women? Will the information disproportionately benefit one sex over another?

My activity focuses on women and girls. Isn't it gender-integrated by nature?

NO! Gender integration is not achieved through an approach of “add women and stir.” Gender integration must consider the gender constraints that shape health-seeking behavior and health outcomes. It must also consider how gender norms may impact data collection and address gender in the analyses and reporting. For example, just because you have a family planning activity that focuses on data collection with women does not mean it is gender-integrated. Do you consider in your activity logistics how gender norms may affect your data collection’s timing, location, or requirements for interviewer gender and age? Have you considered what the gender-related norms are around family planning use in your context and included appropriate questions to assess their relation to your outcomes of interest?

Females are not the only ones negatively affected by gender inequality. For example, norms around what a “real man” is can lead to poor health consequences for men. These norms can deter men from seeking healthcare or encourage them to engage in risky behaviors. In data collection, men may prefer male interviewers, and may be available at different points of time and in different places based on what their local norms are for male activities. Even if women are the focus of a program under evaluation, interviewing male partners may still be valuable, because men are often primary household decisionmakers and could be enabling or encouraging women to use the program.

For questions or assistance on gender integration, contact the gender team at measure@unc.edu

How to integrate gender (A quick guide)

Here are some ways you can integrate gender in your activity, based on the type of activity you are planning:

Are you collecting, analyzing, or reporting data?

- Disaggregate by sex.
- Disaggregate by age.
- Include gender-sensitive indicators.
- Look for differences by sex and age group during analysis.
- Report sex- and age-disaggregated data.

Are you conducting a training or workshop?

- Include examples that are gender-sensitive or that highlight sex/gender differences.
- Include a specific gender module or session.
- Recruit male and female participants and track attendance by sex.

Are you creating tools or publications?

- Use gender-sensitive examples.
- Include a call-out box that explains the importance of sex-disaggregated data and analysis.
- Include a specific gender module or chapter.
- Have gender experts review and help you integrate gender throughout.

Are you conducting a program evaluation?

- Consider how gender might play a role in your theory of change and include it as applicable.
- Ensure that your design allows you to determine whether men and women are impacted differently by the program (e.g., is the sample size adequate to look at sex subgroups?).
- For surveys with men and women, present sex-disaggregated data in reports.
- If quantitative-focused, include some qualitative data, as well, to allow for better measurement of gender dynamics, which can be difficult to quantify.