

Making Gender Count

MEASURE Evaluation is a leader in the field of gender-sensitive monitoring and evaluation (M&E). MEASURE Evaluation increases the capacity of individuals and organizations to collect, analyze, and use gender-related health information for better program and policy decision making at local, national, and global levels. The gender portfolio staff has expertise in a wide range of state-of-the-art, gender-sensitive M&E and health information systems (HIS), approaches, and tools, including analysis of sex-disaggregated and gender-sensitive indicators to identify potential gender-related patterns in program use and effects; HIS specification, design, and development for data on gender-based violence (GBV); capacity building to address gender in HIV and GBV program M&E; and development and selection of gender-sensitive indicators (i.e., those that try to directly measure gender).

The MEASURE Evaluation gender portfolio staff is experienced in working across a range of disease- and service-specific elements in the health sector, including HIV, GBV, malaria, maternal and child health, family planning, and nutrition. The staff also draws upon the project's expertise in specific research tools/approaches, including geographic information systems (GIS), mobile health data collection (mHealth), Lot Quality Assurance Sampling (LQAS), and the Priorities for Local AIDS Control Efforts (PLACE) method.

Specific gender-related skills and capabilities that can be accessed through MEASURE Evaluation include:

- conducting gender-based analyses of HIV and related program monitoring data;
- capacity building of local implementers and other users to analyze and interpret data from a gender perspective;
- expertise in qualitative and quantitative methods used



Jack Hazerjian, MEASURE Evaluation

- to monitor and evaluate gender-integrated HIV and GBV programs;
- expertise in selection and development of gender-sensitive indicators to measure program implementation, progress, and impact;
- HIS specification, design and development through a gender lens;
- data quality assurance methods, standards, and guidelines for gender-related data;
- capacity building of local implementers to monitor and evaluate HIV and GBV programs through a gender lens;
- expertise in design of gender-sensitive M&E plans and data collection instruments;
- developing M&E strategies and related tools for the scale-up of gender-integrated programs
- developing new tools and resources for gender-sensitive M&E and use of related data, as well as addressing gender in existing tools;
- conducting stakeholder gender-related information needs assessments; and
- developing dissemination and data use plans for gender-related information.

Gender-sensitive M&E ensures that gender is integrated throughout the program cycle, beginning with the program objectives, and is a measurable component of inputs, processes, outputs, and outcomes. It ensures that data are collected by sex and by using gender-sensitive methods (i.e., methods that take into consideration how people think about gender and how gender might affect data collection processes and responses); analyzed with an eye towards potential gender differentials; and reported and used to improve program and policy.

A **gender-integrated program** has identified and subsequently addressed gender differences and inequalities during program/project design, implementation, monitoring, and evaluation.

To learn more about our gender M&E capabilities, visit <http://www.cpc.unc.edu/measure/our-work/gender>

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The **PLACE** Method and Youth

The Priorities for Local AIDS Control Efforts (PLACE) method identifies and maps where to reach most-at-risk populations. Since its inception, the method has included a focus on female youth. The method provides a risk profile of female youth who attend venues identified as places where people meet new sexual partners.

Challenges in HIV Prevention among Female Youth

A key challenge for effective HIV prevention in resource-poor settings is how to identify HIV epidemics among young people age 15-24 and implement effective programs. Compared to older women, young women are less likely to access care—they are more likely to be asymptomatic, less experienced with navigating the health care systems, and often more fearful of stigma and discrimination if they engage in transactional sex. Young women who do not have a stable living environment and live on the street or move frequently face additional barriers to accessing consistent care. The PLACE method is a useful tool for finding young people

who do not know their HIV status, thereby providing the opportunity to get tested, and refer those who are infected into care.

Among the indicators provided by PLACE for young women age 15-24 are the following:

- number, type and locations of sites in the study area where girls meet new sexual partners;
- condom availability, peer education, and HIV prevention messages/posters at these sites; and
- age; education; percent sexually active; age of first sex; mean number of sexual partners in the past year, and past four weeks; condom use at last sex; engagement in transactional or commercial sex; mobility; HIV testing history; HIV prevalence (often also tested for syphilis); age of sexual partners.

Although all PLACE studies can provide data on youth, several PLACE studies have specifically focused on youth or oversampled youth. For example, the Zimbabwe

PLACE study focused on where to reach girls who are orphans; the Haiti PLACE study focused on adolescent girls.

Logistics and Budget

PLACE includes the following steps:

PLANNING

Establishment of national steering committee, protocol development, and selection of areas (two to six months depending on availability of funds, subcontract requirements, ethical reviews)

DATA COLLECTION

Within selected geographic areas (three or four weeks per area, depending on size of area; areas can be done in parallel):

- interviews to identify sites where people meet new sexual partners (three days per area)
- site visits, mapping, and site profiling (one week per area)
- interviews with sample of site workers, patrons (one or two weeks per area) (can include HIV testing)

DATA USE

Sharing of results and developing action plan based on results

typically take two or three months.

COST

Costs vary based on size of area and extent to which the exercise is done in a manner that increases the capacity of the government or service delivery provider. In Uganda, the cost was about U.S. \$20,000 per district, not including the cost of MEASURE Evaluation technical assistance. This included identifying sites in three sub-areas within the district (such as a fishing village, town council, or tea estate), visiting and profiling 100 sites, and interviewing and testing 600 men and women at the sites. Local expertise in the PLACE methodology is available in South Africa, Angola, Burundi, Ghana, Uganda, Kenya, Zimbabwe, Tanzania, and the Democratic Republic of Congo.

To learn more about PLACE,

www.measureevaluation.org

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About MEASURE Evaluation

MEASURE Evaluation is the U.S. Agency for International Development's flagship monitoring and evaluation (M&E) project. Our objective is to enable countries to strengthen their systems to generate high-quality health information that is used for decision making at local, national, and global levels. MEASURE Evaluation is a team of organizations led by the Carolina Population Center at the University of North Carolina at Chapel Hill and includes Futures Group International, John Snow, Inc., ICF International, Management Sciences for Health, and Tulane University. MEASURE Evaluation offers new opportunities as a mechanism to improve how gender is addressed in M&E, holding at the forefront of those efforts strategies to build up the gender-sensitive M&E workforce and local and regional gender-sensitive M&E capacity.

MEASURE Evaluation excels in coordinating expertise across partners to achieve complex, long-term objectives. We have broad access to in-country resources (offices, staff) and short-term technical assistance expertise to provide support in virtually any country where USAID might request assistance. The project is experienced in working across the full range of disease- and service-specific elements in the health sector, including HIV, malaria, tuberculosis, maternal and child health, family planning, nutrition, water and sanitation, and infectious diseases. MEASURE Evaluation's history has been one of collaborative effort—with tailored response to individual USAID mission needs, as well as integration of cross-cutting USAID priorities such as gender, country ownership and system sustainability.