

policy

August 2015

GENDER GUIDANCE PROCESS AND TEMPLATE



*A Tool for USAID
Country Health Offices*

This publication was prepared by Elisabeth Rottach and Rachel Kiesel of the Health Policy Project.

Photo credit (cover): Health Policy Project

Suggested citation: Rottach, E. and R. Kiesel. 2015. *Gender Guidance Process and Template: A Tool for USAID Country Health Offices*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-106-3

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Gender Guidance Process and Template

A Tool for USAID Country Health Offices

AUGUST 2015

This publication was prepared by Elisabeth Rottach and Rachel Kiesel of the Health Policy Project.

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

CONTENTS

- Acknowledgments**iv
- Abbreviations**..... v
- Introduction**..... 1
 - Gender Guidance Process and Template..... 1
- Developing Gender Guidance: Strategic Planning**..... 2
 - Conduct a Gender Assessment..... 2
 - Set Gender-Equality Objectives 2
 - Design Strategies..... 3
 - Develop Monitoring and Evaluation Indicators 3
 - Next Steps 4
- Resource A: Gender Analysis Template** 5
 - Gender Analysis Framework 6
- Resource B: Policy and Program Analysis Checklists** 7
 - Checklist 1: Policies and Guidelines..... 7
 - Checklist 2: Programs 8
 - Checklist 3: USAID 8
- Resource C: Illustrative Gender Action Plan Template**..... 10
- Resource D: Examples of Gender-Integration Approaches and Strategies**..... 11
- Gender Guidance Template** 14
 - Chapter 1: Introduction 14
 - Chapter 2: Gender Equality Objectives..... 14
 - Chapter 3: Indicators 14
 - Chapter 4: Gender Integration Process 15
 - Chapter 5: Gender-Integrated Approaches and Strategies 15
 - Chapter 6: Policies and Systems 15
 - Annex 1. Steps for M&E Gender Integration (illustrative example) 16
 - Annex 2: Opportunities for Integrating Gender into [USAID/Country] Indicators 17
 - Annex 3: Sample Gender-integration Tools and Materials..... 17

ACKNOWLEDGMENTS

This document was developed with support from the United States Agency for International Development (USAID) Asia Bureau. We thank our colleagues in the USAID/Philippines Health Office for their contributions in developing the Gender Guidance approach. We also thank Lory Frenkel, Brent Franklin, and Erin Crandell for editorial and design support.

ABBREVIATIONS

HPP	Health Policy Project
OH	office of health
USAID	United States Agency for International Development

INTRODUCTION

The U.S. Government has embraced gender equality and female empowerment as core development objectives. These commitments are articulated through the USAID policy on Gender Equality and Female Empowerment; the President's Emergency Plan for AIDS Relief gender program guidance for HIV; and the U.S. Global Health Initiative first principle on Women, Girls, and Gender Equality.

This document is a tool for USAID country health offices to operationalize these commitments strategically and effectively

Gender Guidance Process and Template

HPP prepared this *Gender Guidance Process and Template* for country-level offices of health (OHs) interested in developing their own gender guidance documents. This resource contains two sections:

- **Process:** The first section outlines a method for developing the Gender Guidance. This method follows a strategic planning process of assessment, objective setting, strategy development, and monitoring and evaluation (M&E). This section also includes resources to assist the OH during the strategic planning process.
- **Template:** The second section provides a template for the Gender Guidance which summarizes the outcomes of the strategic planning process and provides guidance to implementing partners on how to integrate gender into their projects. The template includes six sections and three recommended annexes.

All guidance provided to partners must follow the *ADS Chapter 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle* requirements, available here: <http://www.usaid.gov/ads/policy/200/205>.

Gender equality involves working with men and boys, women and girls to bring about changes in attitudes, behaviors, roles and responsibilities at home, in the workplace, and in the community. Genuine equality means more than parity in numbers or laws on the books; it means expanding freedoms and improving overall quality of life so that equality is achieved without sacrificing gains for males or females.

Female empowerment ... is achieved when women and girls acquire the power to act freely, exercise their rights, and fulfill their potential as full and equal members of society. While empowerment often comes from within, and individuals empower themselves, cultures, societies, and institutions create conditions that facilitate or undermine the possibilities for empowerment.

USAID Gender Equality and Female Empowerment Policy

DEVELOPING GENDER GUIDANCE: STRATEGIC PLANNING

Strategic planning for gender equality and female empowerment is a valuable process that the OH undertakes to develop a plan for achieving gender equality and health goals. The process, led by the OH, consists of assessing the gender and health context in which the OH operates and current health and gender policies and programs, formulating organizational objectives and strategies based upon the assessment, developing strategies to achieve the objectives, and monitoring and evaluating achievement of the objectives.

Prior to undertaking the strategic planning process, the OH gender champions will need to garner support from senior leadership and staff to participate in and support the process. See [A Practical Guide for Managing and Conducting Gender Assessments in the Health Sector](#) (pg 4) for helpful tips to overcome common challenges to gender integration efforts.

Conduct a Gender Assessment

The gender guidance must be informed by a gender assessment—an analysis of current policies and programs to identify strengths and gaps in gender integration. The gender assessment, conducted by the OH in collaboration with host country partners, helps to determine how policies and programs contribute to gender equality. It consists of three steps, which are summarized below. The OH should consider conducting annual gender assessments to inform project activities and reporting. For more detailed guidance on how to conduct a gender assessment, see the USAID and Interagency Gender Working Group resource, [A Practical Guide for Managing and Conducting Gender Assessments in the Health Sector](#).

1. Collect data on gender relations, roles, and identities that pertain to the achievement of program outcomes. Analyze data for gender-based constraints and opportunities that may affect, impede, or facilitate program objectives. See Resource A, Sample Gender Analysis Framework (on p. 5).
2. Collect information on relevant health and gender policies and programs. Review institutional arrangements of government partners for developing and implementing gender-responsive policies. Assess policies and programs to identify level of gender-responsiveness and strengths and gaps in gender integration. See Resource B, Policy and Program Analysis Checklists (on p. 7).
3. To validate the findings and learn more, conduct a series of key informant interviews with stakeholders at the national and grassroots levels, from the public and private sectors. See the Interagency Gender Working Group's [A Practical Guide for Managing and Conducting Gender Assessments in the Health Sector](#) for sample key informant interview questions.

Set Gender-Equality Objectives

After completing the gender assessment, the OH develops the gender equality objectives. Using the assessment results, the OH determines the priority areas for promoting gender equality and what must be achieved in order to address the priority areas. The OH reviews its current results and restates them to articulate the measurable results of its health and gender-equality programming.

Design Strategies

Gender-integration process

Gender integration involves identifying and then addressing gender inequalities in a systematic manner when designing, planning, implementing and monitoring health and development projects. The OH defines the gender integration process that implementing partners should follow. All guidance provided to partners must follow the ADS Chapter 205 requirements.

Illustrative processes include

- Conducting a gender analysis prior to designing or implementing activities.
- Developing a gender action plan to outline how the project will integrate gender into its objectives, activities, and indicators. See Resource C, Sample Gender Action Plan Template (on p. 10).
- Developing gender-integrated annual workplans to include the OH gender objectives, activities to achieve the objectives, and indicators to measure progress toward the achieving the objectives.

Gender-integrated programs

The OH identifies and decides on key program strategies and activities that implementing partners should adopt to address gender-based constraints and opportunities, and achieve the revised health and gender objectives. The OH may choose to be directive and advise that implementing partners use specific, evidence-based curricula or materials. Alternatively, the OH may provide general guidance, such as gender integration criteria that implementing partners must meet when designing programs, examples of gender-integrated approaches, and/or gender-integration resources that will help implementing partners design programs to achieve the gender objectives (see Resource D, Examples of Gender-Integration Approaches and Strategies, on p. 11).

Policies and systems

To achieve the greatest possible improvement in health and gender outcomes, successful interventions, practices, and approaches must be “scaled up”—that is, implemented on a larger scale and incorporated into the laws, policies, and structures that govern health systems. Securing adequate political commitment and financial resources is essential to scaling up and sustaining health interventions. Therefore, the OH identifies advocacy and capacity-strengthening strategies that implementing partners may use to engage decisionmakers, strengthen the health system, and mobilize political support and resources for gender-integrated programs.

For more guidance on policy approaches to scale-up, see [*Approach for Addressing and Measuring Policy Development and Implementation in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs*](#).

Develop Monitoring and Evaluation Indicators

The USAID Gender Equality and Female Empowerment policy states that USAID-funded projects should include indicators that measure progress toward gender equality and female empowerment. In 2011, the U.S. Department of State revised the USAID Performance Plan & Report system. The revised system includes seven output and outcome indicators on gender equality, female empowerment, and gender-based violence. The master list of U.S. Department of State Standard Foreign Assistance Indicators is available here: <http://www.state.gov/f/indicators/>.

Gender Guidance Process and Template : A Tool for USAID Country Health Offices

The OH selects relevant foreign assistance gender indicators to include in its performance management plans and provides guidance to implementing partners on how to report on the selected indicators.

Monitoring the level of gender integration cannot be limited to the high-level gender indicators. Therefore, the OH should identify and include additional gender-sensitive indicators: disaggregation by sex, inclusion of context-specific gender barriers and opportunities, as well as perceptions of gender equality. The OH need not develop an entirely new list of gender indicators—the existing USAID indicators provide opportunities for gender integration, which may include disaggregation and/or sub-indicators. Refer to ADS Chapter 205 for further guidance on gender-integrated M&E and learning. The gender-integrated work of implementing partners can contribute to overall gender integration within the OH portfolio but may be challenging to measure. A recommended approach to include lower-level contributions to higher-level indicators is visually represented in Annex 1 (see p. 16).

At an outcome or impact level, gender-focused evaluation can help determine whether gender integration has been successfully integrated into programs and if it has made a difference in health and gender equality outcomes. The OH should design gender-focused evaluation questions that implementing partners should include in their performance monitoring and evaluation plans.

Achievement of these higher-level indicators is largely dependent on the reporting of lower-level sub-indicators across multiple projects in the OH portfolio. To facilitate this process, a benchmarking or step approach, whereby connections among the sub-indicators achieved through activity implementation can be related to the higher-level foreign assistance gender indicators.

Next Steps

After completing the strategic planning process, the OH will have developed the inputs needed to produce the gender guidance document. Refer to the Gender Guidance Template on page 14 for a suggested outline of the document.

RESOURCE A: GENDER ANALYSIS TEMPLATE

The following gender analysis tool is excerpted from the Health Policy Project's [Integrating Gender into Scale-up Mapping Tool](#).

Gender analysis is a process by which gender inequities are identified and analyzed in a given cultural context and their implications for health and program outcomes are assessed. Complete the gender analysis framework table below to identify key gender-related barriers to achieving the desired family planning and maternal health outcomes. A gender analysis must be informed by data—through the use of secondary data or primary data collection.

When conducting the gender analysis, consider how the various domains of gender influence how women and men, adolescent girls and boys, experience health and access to health services. Further disaggregate population groups by age, sexual orientation, gender identity, disability, or geography, as is relevant to the program. The gender domains are

- **Activities:** The behaviors and actions of women and men in a particular context
- **Gender norms:** The roles, responsibilities, behavior and attributes that a particular society considers appropriate for females and males; the expectations of what it means to be male or female
- **Power:** Capacity to control resources and make decisions that are free from coercion. This domain considers the relative bargaining position of females and males
- **Access to resources:** The ability to have and use financial, social, and other resources, such as education or political representation
- **Legal rights and status:** Rights granted to females and males based on customary, legal, and judiciary codes

Consider multiple levels of the health situation by analyzing personal and household, community, and national or enabling environment factors.

- **Individual and household level:** The people most affected by the health problem and their close relationships
- **Community and service-delivery level:** The organizations, service structures, and providers that exist at the community level
- **Enabling environment:** National, subnational, and local policies and legislation, social and cultural norms, prevailing economic conditions, technology, and the natural environment

Because sociocultural norms vary greatly across geographic areas, users should consider conducting sub-analyses for each area to which the intervention will be expanded. Engaging community groups in this process can be an effective way to gather locally relevant data while promoting community engagement and ownership of the intervention to be scaled up.

For more detailed instructions on conducting a gender analysis, please consult the USAID Interagency Gender Working Group's [Manual for Integrating Gender into Reproductive Health and HIV Programs](#) or [Guide for Conducting and Managing Gender Assessments](#).

Gender Analysis Framework

Health Area: _____

<p>How does each gender domain influence</p> <ul style="list-style-type: none"> • Health • Responses to ill-health • Access to health services 	<p>Individual and Household Level</p>	<p>Community and Service-Delivery Level</p>	<p>Formal and Informal Policies, Laws, and Customs</p>
<p>Activities of women and men, girls and boys</p> <p>Gender norms</p> <p>The bargaining position (power) of women and men, boys and girls</p> <p>Women's and men's, girls' and boys' access to resources</p> <p>Women's and men's, girls' and boys' legal rights and status</p>	<p><i>e.g., women's domestic duties make it challenging to find time to visit the health center</i></p> <p><i>e.g., men and women do not communicate about family planning preferences</i></p> <p><i>e.g., men feel that they are weak if they visit a health center</i></p> <p><i>e.g., adolescent girls are ashamed to discuss sex with their parents</i></p>	<p><i>e.g., health services are not receptive to men or adolescents</i></p> <p><i>e.g., providers treat women with many children poorly</i></p> <p><i>e.g., social norms prevent adolescents from accessing health services</i></p>	<p><i>e.g., doctors require spousal consent before performing tubal ligation</i></p> <p><i>e.g., adolescents must get parental consent to receive RH services and commodities</i></p>

Source: Adapted from Caro, D. 2009. *A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action*. 2nd Edition. Washington, DC: Population Reference Bureau (PRB).

RESOURCE B: POLICY AND PROGRAM ANALYSIS CHECKLISTS

Checklist 1: Policies and Guidelines

Gender-Responsive Checklist—Health Policies and Guidelines		Y/N/NA*
In the formulation process		
1.	Were consulting bodies specializing in gender matters consulted before or during the formulation of the policies?	
2.	Are gender equity and equality explicitly incorporated as a value/principle in the plan's introduction, guiding principles, or other front matter?	
3.	Are the rights of women, adolescent girls, and/or sexual minorities protected in the policy?	
In the description of the general state of health of the population		
4.	Are sex-disaggregated data used/presented?	
5.	Is gender equality considered as a health determinant?	
6.	Does it reflect gender-based constraints in access to services?	
In the health problems prioritized in the plan/In the settings/In the instruments supporting development of the plan		
7.	Are specific objectives proposed to reduce gender inequalities?	
8.	Are lines of action proposed to meet the differential needs of women and men?	
9.	Are lines of action proposed to reduce gender inequalities?	
10.	Do the lines of action proposed exclude one sex in areas that are traditionally thought of as relevant only for the other sex, such as maternal health or occupational health?	
11.	Is the collection of sex disaggregated data included in the M&E plan?	
* Not available.		

Checklist 2: Programs

Gender-Responsive Checklist—Country-Level Health Programs		Y/N/NA*
1.	Were sex-disaggregated data consulted to inform development of the project or program?	
2.	Was a gender analysis conducted to inform development of the project or program?	
3.	Does the program consider family or household dynamics, including different effects and opportunities for individual members, such as the allocation of resources or decision-making power within the household?	
4.	Are program objectives proposed to reduce gender inequalities?	
5.	Do program strategies seek to reduce gender inequalities?	
6.	Does the program exclude one sex in areas that are traditionally thought of as relevant only for the other sex, such as maternal health or occupational health?	
7.	Does the M&E plan collect sex-disaggregated data?	
8.	Does the M&E plan include indicators to measure gender-related outcomes?	
* Not available.		

Checklist 3: USAID

Gender-Responsive Checklist—USAID Procurements		Y/N/NA*
1.	Is gender included in the statement of work/program description of the procurement request?	
2.	Does the procurement request incorporate gender-sensitive indicators?	
3.	Does the procurement request specify gender-related qualifications for management and/or technical personnel?	
4.	Does the procurement request integrate gender into the evaluation/selection criteria to correspond with applicable technical components?	
Gender-Responsive Checklist—USAID Mission Strategy Development and Planning		
5.	Were a gender assessment of USAID's portfolio and/or a gender analysis of the country context conducted?	
6.	Do Mission strategies and plans integrate findings of the gender assessment and/or analysis, i.e., address gender constraints and opportunities?	
7.	Do Mission strategies and plans support gender integration by strengthening gender training for Mission staff?	
8.	Do Mission strategies and plans ensure that the conclusions of any gender assessment and/or analysis are integrated in project/activity planning?	
* Not available.		

Checklists adapted from:

PAHO. 2009. *Guide for Analysis and Monitoring of Gender Equity in Health Policies*. Available at:
http://new.paho.org/hq/dmdocuments/2009/Guide_Gender_equity_.pdf

USAID. 2011. *USAID Gender Integration Matrix: Additional Help for ADS Chapter 201*. Available at:
<http://www.usaid.gov/sites/default/files/documents/1865/201sac.pdf>

WHO Regional Office for Europe. 2010. *Checklist for Assessing the Gender Responsiveness of Sexual and Reproductive Health Policies: Pilot Document for Adaptation to National Contexts*. Available at:
http://www.euro.who.int/_data/assets/pdf_file/0007/76525/E93584.pdf

WHO. Gender Analysis Tool. Found in *WHO Gender Mainstreaming Manual for Health Managers: A Practical Approach*. Available at:
<http://www.ndi.org/files/WHO%20Gender%20Assessment%20Tool.pdf>

RESOURCE C: ILLUSTRATIVE GENDER ACTION PLAN TEMPLATE

Gender Statements (Gaps or Barriers)	Entry Points	Gender Objectives	Activities	Indicators	Related Work Plan Activity
<i>List key gender barriers that influence project objectives, identified through the gender analysis</i>	<i>List entry points in the project for addressing gender barriers</i>	<i>Set objectives that explicitly address the gender barriers the project aims to overcome. Include one or more USAID/[Country] gender objectives, as appropriate</i>	<i>Identify the activities the project will carry out to achieve the gender objectives</i>	<i>Identify indicators to monitor implementation of the gender-integrated activities and the achievement of the gender objectives</i>	<i>List the workplan activities that include the gender-integrated activities</i>

Gender Action Plan Template adapted from the action plan used by the USAID/Philippines Health Office

RESOURCE D: EXAMPLES OF GENDER-INTEGRATION APPROACHES AND STRATEGIES

Box 1: Illustrative Gender-Integration Criteria

All demand-generation activities should meet the following criteria:

- Be informed by a gender analysis
- Include one or more [USAID/Country] gender equality objectives
- Incorporate appropriate messages and strategies to achieve the gender objectives. Strategies can be either transformative or accommodating
- Avoid messages or activities that reinforce harmful or restrictive gender norms or stereotypes

Box 2: Examples of Gender-Accommodating and Transformative Demand-Generation Strategies

Gender-accommodating strategies

- Change the hours of services or outreach activities to accommodate males' or females' schedules.
- Change the location of services or outreach activities to accommodate where males, females, or LGBT persons work, recreate, or reside.
- Hold community health fairs to strengthen community-level support for women's, men's, adolescents', or LGBT people's health and access to health services.
- Train female community health workers to be mentors for adolescent girls in protecting their reproductive health.
- Orient and train male community health volunteers to reach men and couples with critical reproductive health information.

Gender-transformative strategies

- During group discussions, promote critical reflection on gender norms and roles and how rigid norms influence health.
- Conduct adolescent sexual and reproductive health education covering gender and power dynamics.
- Increase men's involvement in childrearing by increasing skills related to child health, nutrition, and fatherhood.
- Strengthen equitable communication and negotiation skills among couples.
- Use communication materials to engage men as supportive and nonviolent partners.
- Train community health teams to promote dialogue among women and men and increase couple communication and decision-making around family planning and reproductive health.
- Train community health teams to promote dialogue around sexual and reproductive health among parents and youth.

Box 3: Characteristics of Gender-Sensitive Health Services

Access

- Locations of health services are accessible to women, men, adolescent girls and boys and LGBT persons.
- Facility hours are accessible to women, men, and adolescent girls and boys.
- Healthcare costs are affordable for all.
- Services reach clients where they are, including workplaces and residences.
- Gender-based violence helpdesks are established and functioning in hospitals and clinics.

Utilization

- Available services are socially acceptable and feasible for males, females and/or LGBT persons.
- Reception area and staff are welcoming to all, regardless of age and sex.
- Health information targets different population groups with appropriate information according to their needs.
- Providers display non-stigmatizing attitudes toward single women and adolescent girls accessing reproductive health services.
- Services are offered and monitored based on knowledge of local gender-related behavior and epidemiology.

Quality of care

- Providers recognize the diverse health risks, needs, and behavior of male, female, and LGBT clients.
- Clients are shown respect regardless of sex, age, sexual orientation, gender identity, or number of children.
- Adolescents receive the full range of information, services and referrals that they have the right to receive.
- Referral systems are feasible for females and males.
- Providers maintain client confidentiality.

Source: Adapted from Newman, Candace. 2014. *Gender and Health Systems Strengthening*. eLearning Course, Global Health eLearning Center. Available at:
<http://www.globalhealthlearning.org/course/gender-and-health-systems-strengthening>.

Box 4: Examples of Strategies to Strengthen Delivery of Gender-Sensitive Health Services

Implementing partners can support health facilities and providers to deliver gender-sensitive health services through the following strategies. Note that this list is not exhaustive.

Access

- Change the hours of service to accommodate males and females schedules.
- Provide mobile health services to reach males, females, and LGBT people where they work, recreate, or reside.
- Establish gender-based violence helpdesks in hospitals.

Utilization

- Conduct a training with health service providers to raise awareness of the gender and poverty dimensions of health.
- Strengthen service providers' skills to refrain from imposing their personal beliefs and values on clients.
- Establish separate waiting rooms for adolescents and adults.
- Develop health educational materials that specifically target men.
- Develop sexual and reproductive health educational materials for adolescent girls and adolescent boys.

Quality of care

- Train health workers to provide respectful care to women during maternal healthcare visits and delivery.
- Improve provider-client interactions with adolescent girls, boys, and men on topics related to family planning and reproductive health.
- Improve provider-client interactions with transgender people on topics related to reproductive health.
- Conduct sensitization training for health service providers on the gender barriers males and females face in accessing family planning and maternal and child health services, as well as strategies service providers can use to provide equitable services to male and female clients.
- Establish a facility- or community-based feedback system for clients to safely and confidentially voice concerns and provide input. This can increase manager and provider accountability for acts of gender discrimination or mistreatment.

GENDER GUIDANCE TEMPLATE

The gender guidance summarizes the outcomes of the strategic planning process and provides guidance to implementing partners on how to integrate gender into their projects. This section provides a recommended template for the document. The template includes six sections: introduction, gender equality objectives, indicators, gender integration process, gender-integrated approaches and strategies, and policies and systems. It also includes three recommended annexes.

Chapter 1: Introduction

Rationale

The rationale articulates the reasons for developing a gender guidance document. This section may include a summary of the relevant:

- USG policies and guidelines (e.g., USAID policy on Gender Equality and Female Empowerment; the U.S. Global Health Initiative first principle on Women, Girls, and Gender Equality; and the President’s Emergency Plan for AIDS Relief gender program guidance for HIV)
- National policies and legal frameworks on gender equality
- International commitments for gender equality and women’s empowerment (e.g., CEDAW, Beijing Platform for Action)

This section may include additional language on how the OH has operationalized the Gender Equality and Female Empowerment policy and/or integrated gender into its portfolio.

Background

The background section summarizes the results of the gender assessment. It articulates how gender relations influence health behaviors and access to services, and how policies and institutions perpetuate or reduce discrimination and gender inequality and affect females, males, lesbian, gay, bisexual and transgender (LGBT) persons, and key populations. It should summarize the strengths, gaps, and opportunities in how policies and programs respond to gender inequality.

Chapter 2: Gender Equality Objectives

This section states the objectives that the OH and implementing partners will pursue to contribute towards increased gender equality. The objectives clearly link gender and health goals.

Chapter 3: Indicators

This section articulates the gender indicator(s) and sub-indicators that the OH will track. It should include indicator definitions and how the indicator(s) will be measured. The OH should consider including Annex 1 as a resource for implementing partners to develop their own benchmarking process and Annex 2 to provide examples of how existing indicators may be strengthened to measure gender-related outputs and outcomes.

- **United States Government Gender Indicators:** State which of the seven indicators on gender equality, female empowerment, and gender-based violence the OH will report.
- **Other gender indicators:** List additional gender-sensitive indicators: disaggregation by sex, inclusion of context-specific gender barriers and opportunities, and perceptions of gender equality.

- **Gender outcomes:** Summarize the gender-focused evaluation questions that implementing partners should include in their performance monitoring and evaluation plans.

Chapter 4: Gender Integration Process

Gender integration involves identifying and then addressing gender inequalities in a systematic manner when designing, planning, implementing, and monitoring health and development projects. In this section, the OH should summarize the analyses, processes, and/or plans that they expect implementing partners to complete.

Chapter 5: Gender-Integrated Approaches and Strategies

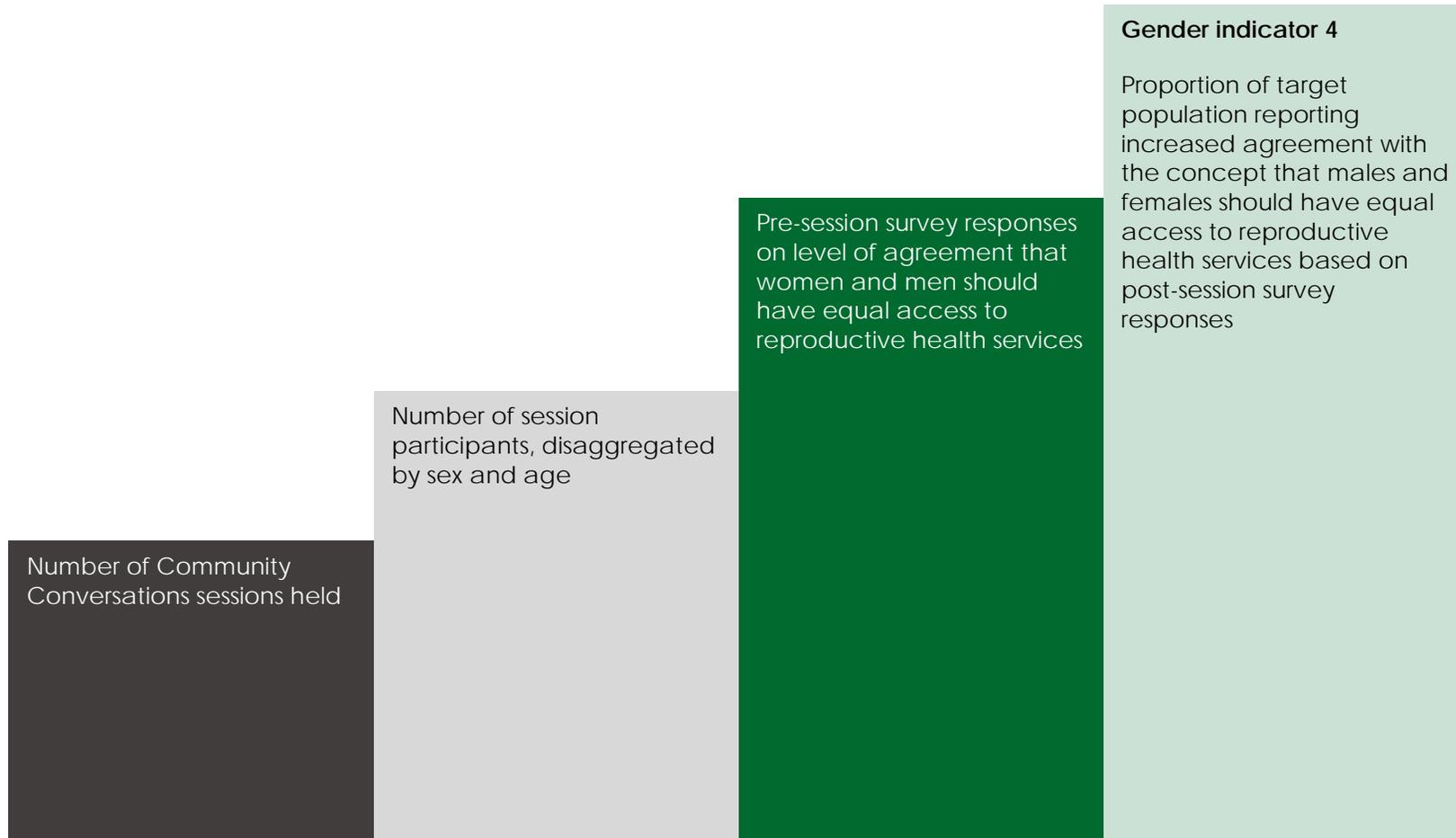
This section provides direction to implementing partners about gender-integrated program approaches that they should incorporate into their annual workplans. In this section, the OH should outline the specific curricula or materials, gender integration criteria, and/or gender-integrated approaches or resources it is recommending implementing partners to use. The OH should consider including Annex 3 with samples of selected gender-integration tools and materials.

Chapter 6: Policies and Systems

To achieve the greatest possible improvement in gender and health outcomes, successful interventions, practices, and approaches must be “scaled up”—that is, implemented on a larger scale and incorporated into the laws, policies, and structures that govern health systems. This section should outline how implementing partners can support the scale-up of gender-responsive health programs and services in the annual workplan.

Annex 1. Steps for M&E Gender Integration (illustrative example)

Sample Activity: Community Conversations with Couples, Focusing on Reproductive Health



Annex 2: Opportunities for Integrating Gender into [USAID/Country] Indicators

The existing USAID/[Country] indicators provide opportunities for gender integration, which may include disaggregation and/or sub-indicators. In this annex, provide examples of how existing indicators may further be disaggregated by sex and age, and sub-indicators that can be added to measure gender-related outputs and outcomes.

Annex 3: Sample Gender-integration Tools and Materials

Provide in this annex effective tools, training manuals, and materials that can be incorporated into current health and development activities.

For more information, contact:

Health Policy Project
Futures Group
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com