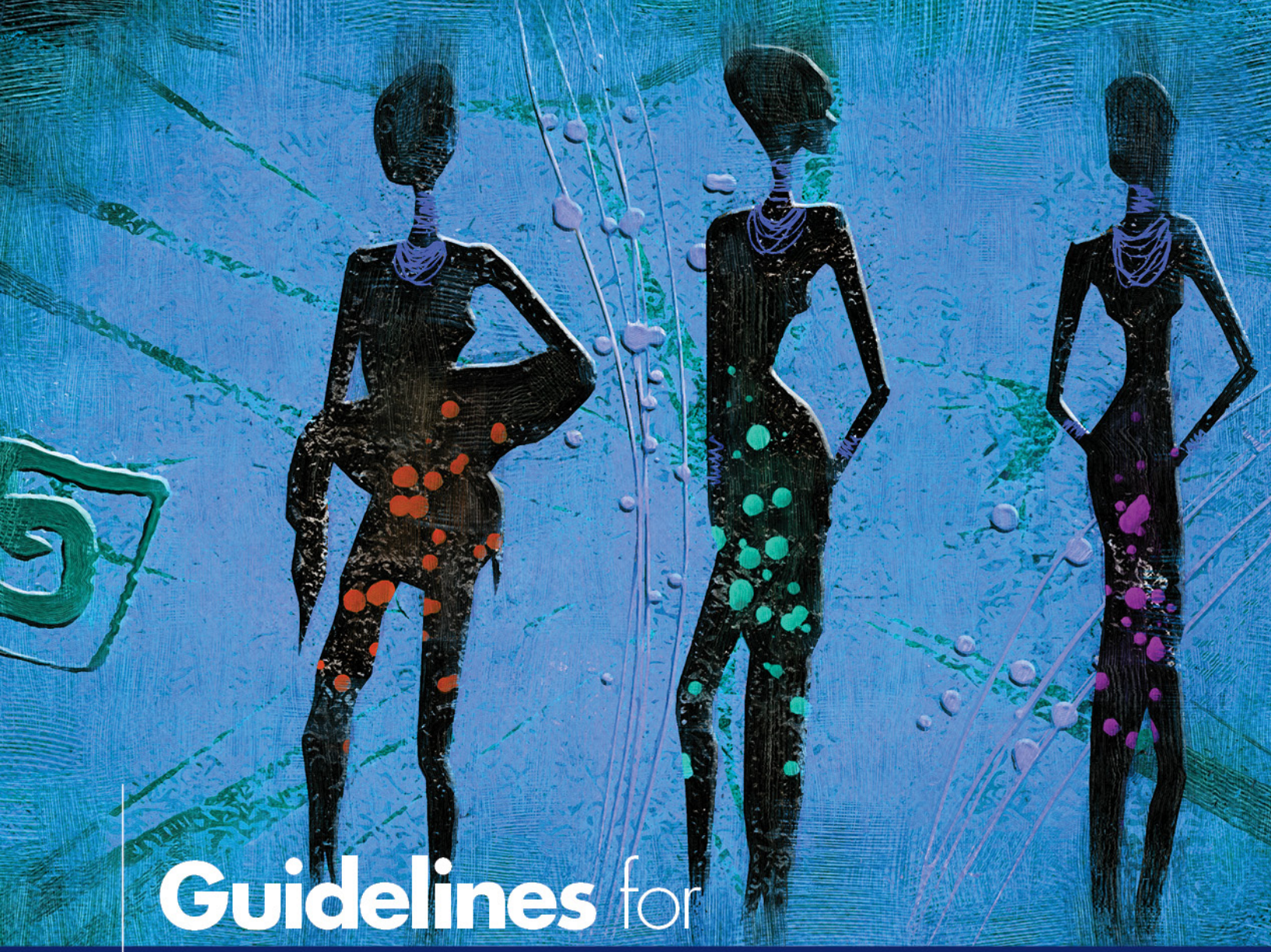

Guidelines for Integrating Gender into an M&E Framework and System Assessment

May 2016

USAID FROM THE AMERICAN PEOPLE

PEPFAR

MEASURE Evaluation

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ABBREVIATIONS

CBO	community-based organization
GBV	gender-based violence
HIS	health information system(s)
M&E	monitoring and evaluation
MSM	men who have sex with men
NGO	nongovernmental organization
PEPFAR	President's Emergency Plan for AIDS Relief
STI	sexually transmitted infection
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

INTRODUCTION

This document offers concrete guidance on how organizations can comprehensively and explicitly integrate gender in their monitoring and evaluation (M&E) systems. It describes how to make each component of a functioning M&E system[1] gender-sensitive and provides guidance on how to assess an M&E system to ensure that gender is fully integrated throughout the system for appropriate collection, compilation, analysis, dissemination, and use of gender data for decision making.

This document outlines why it is important to apply a gender lens to M&E processes and structures and contextualizes gender in an M&E system. It then walks you through how to think about gender and address it in each of the components of an M&E system. This guide includes example gender-specific assessment questions that can be integrated into an M&E system assessment and provides guidance on how to plan and conduct an M&E system assessment.

This guidance document is intended for national health program and M&E managers, subnational health program staff with M&E responsibilities, M&E officers from different agencies or organizations, and development partners who provide M&E support to national and subnational M&E systems.

[1] This guidance is builds on the UNAIDS Organizing Framework for a Functioning National HIV M&E System.

BACKGROUND

Gender and Health

The recognition of the important role gender plays in health has increased in the past several decades. Gender inequities are associated with poor health outcomes, such as gender-based violence (GBV), lower maternal healthcare utilization, and higher maternal mortality [3]. The influence of gender inequalities on reproductive health outcomes has been well documented, including how they contribute to high unmet contraception needs globally [3]. GBV has been documented to result in or lead to a number of health consequences, such as injuries; increased risk of sexually transmitted infections (STIs), including HIV; negative birth outcomes, including miscarriage, stillbirth, preterm delivery, and low birthweight babies; and various mental health issues, such as depression and post-traumatic stress disorder [4,5,6]. Gender inequity is also a major driver of the AIDS epidemic. In sub-Saharan Africa, women constitute 58 percent of the people living with HIV, highlighting the greater burden placed on women [7]. People who are at the greatest risk for acquiring HIV are young women 15–24 years of age, men who have sex with men (MSM), sex workers, and injecting drug users [8,9]. Most of these high-risk populations face gender-specific challenges that compound or intersect with their risks. For example, transgender women are 48 times more likely to have HIV than other people of reproductive age [10]. This evidence is pushing the need to develop health strategies and interventions that address gender inequities and gender-related drivers of care seeking and access to health services.

Several U.S. Government policies and strategies on gender have recently been developed and adopted to guide international development programming. Some examples are the Global Health Initiative Principle on women, girls, and gender equality that aims to address gender-related inequities and disparities that disproportionately compromise the health of women and girls; the USAID Gender Equality and Female Empowerment Policy; the President's Emergency Plan for AIDS Relief (PEPFAR) Gender Strategy; and the newly launched DREAMS Initiative [11,12,13,14]. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has made one of its main goals to eliminate gender inequalities, and it has developed a strategy specifically to end infections in adolescents [15]. USAID's Gender Equality and Female Empowerment Policy, in particular, mandates gender analysis for all country strategies and projects and requires gender integration across policy, planning, and learning processes for project design and M&E [12]. With these important shifts in program design and interventions comes the need to adapt and align our M&E systems and, more broadly, country health information systems (HIS) to capture data needed to track implementation progress in gender strategies, to assess their effectiveness, and to inform how best to continue to implement gender-sensitive health interventions and programs.

Gender-sensitive M&E is one way to help ensure that programs are designed to be gender-sensitive and capable of measuring progress and achievements toward addressing gender inequities in health [1]. Many countries, however, do not yet have well-integrated gender M&E systems, mainly because of a lack of demand for this information. As a result, the relationship that gender norms and inequalities have to health (including HIV epidemics) and their influence on health has remained largely invisible.

Gender-Sensitive Monitoring and Evaluation

Gender-sensitive M&E can provide evidence that raises awareness of differential health status, healthcare utilization and access, health outcomes, and gender inequalities. It can also be used to advocate change and to address gender dimensions in health. Gender-sensitive M&E considers what data are collected, how and by whom they are collected, and how data are analyzed, interpreted, reported, disseminated, and used. For data collection, it is important to consider country- and context-specific gender indicators and data disaggregated by sex and age. Data disaggregated by sex can provide insights into gender differentials in knowledge, behavior, access to service and its utilization, and health outcomes. Age also often plays a significant factor in these differentials. For example, adolescents and young women account for one in four new HIV infections in sub-Saharan Africa, and young women 15 to 24 years are twice as likely to be infected with HIV as young men of the same age group. Consequently, it's important to determine what information should be collected and reported by sex, by age, and by *both* sex and age.

Strengthening HIS and M&E Systems through the UNAIDS 12 Components Organizing Framework for a Functional M&E System

HIS provide information for decision making to improve health outcomes. M&E data are key components of an HIS, and recently there has been greater emphasis on increasing accountability in M&E systems and alignment with health sector M&E plans. Efforts are being made to strengthen and align M&E systems with national M&E plans. Tools such as the UNAIDS Organizing Framework for a Functional HIV Monitoring and Evaluation System and its accompanying 12 Components Monitoring and Evaluation System Strengthening Tool provide guidance on how to build and strengthen these systems [16,17].

The UNAIDS Organizing Framework for a Functional National HIV Monitoring and Evaluation System was designed to guide the development of one national HIV M&E system—a move that was deemed necessary to ensure a comprehensive, efficient response to a country's HIV epidemic. The framework outlines 12 components that are important to a functional national HIV M&E system and describes benchmark elements necessary for each component. The framework is intended to be used as a checklist for planning and implementing an M&E system over time, but it can also be used in M&E training and technical guidance [16].

The following guidance on how to integrate gender in a national M&E system broadens the scope of the UNAIDS framework to be applicable to all health areas and builds on the benchmark elements to specifically integrate gender in an M&E system.

PURPOSE OF THIS GUIDANCE DOCUMENT

This document provides concrete guidance for organizations on how to comprehensively and explicitly integrate gender in their M&E system.[2] It describes how to make each component of a functioning M&E system gender-sensitive and provides guidance on how to assess the organization's M&E system to ensure that gender is fully integrated throughout the system for appropriate collection, compilation, analysis, reporting, dissemination, and use of gender data for decision making. It is intended to serve as a companion guide to the UNAIDS Organizing Framework for a Functional HIV M&E System and accompanying 12 Components M&E System Strengthening Tool. While the UNAIDS framework and tool are HIV-specific, this guide is intended to be used more broadly across all health areas, and thus it is easily adaptable for any health area. This document lays out the reasons why it is critical to integrate gender in an M&E system. This integration is essential, given the shift in many countries to mainstream gender strategies in the delivery of health services and interventions. A country's M&E system must align with health services and interventions to capture the information required to track the health program's progress and effectiveness.

[2] While this guidance document focuses on an organization's M&E system, the guidelines are also applicable to a country's broader HIS because organization-specific M&E systems form a key component of a country's HIS.

INTENDED USERS OF THIS DOCUMENT

This guidance document is for use by national health program and M&E managers; subnational health program staff with M&E responsibilities, such as provincial- or district-level program and M&E staff; agency and organization M&E officers; and development partners that provide M&E support to national and subnational M&E systems. This supplement to the UNAIDS framework and tool focuses on how M&E systems capture, compile, analyze, and disseminate important information on gender and health to broadly assess the capacities of a country's M&E system.

HOW TO USE THIS DOCUMENT

This document guides users in the integration of gender in existing M&E capacity and system assessments. It outlines the importance of applying a gender lens to M&E and contextualizes gender in an M&E system, and then it guides users through a list of gender-specific assessment questions to address gender in each of the 12 M&E system components.

The next section lists specific steps for integrating gender in your M&E assessment, followed by a section on planning for an M&E system assessment (page 24).

STEPS FOR INTEGRATING GENDER IN AN M&E SYSTEM ASSESSMENT

We recommend that you review the UNAIDS Organizing Framework for a Functional HIV M&E System for a broader understanding of the 12 components of a functional M&E system. The sections on understanding gender data needs and integrating gender in the organizing framework for a functional M&E system in this document build on the UNAIDS framework.

Steps to Integrate Gender in an M&E Assessment

1. Review the UNAIDS Organizing Framework for a Functional HIV M&E System.
2. Review the sections in this document on understanding gender data needs and integrating gender in the organizing framework.
3. Gather and review country-specific documents that address gender and health.
4. Review available M&E system assessment tools.
5. Select the M&E system assessment tool that best fits your needs and begin tailoring it to your country and health-sector context.
6. Select and adapt gender-specific elements from this document to include in your assessment tool.
7. Finalize your gender-integrated assessment tool.

As you go through these two sections, consider the specific sociocultural context of the country where you work. It is important to consider the possible dimensions that gender has on health in your country, what is important to program implementers and policymakers, and where and how you will get this information. You should also review your country's national health strategic plans to ensure that you capture data to track the progress your program is making toward meeting specific gender strategies.

Next, gather and review country-specific documents that address gender and health. These documents could include ministry of health gender or equity policies, adolescent and maternal health policies, guidance on integrating women and youth in governance activities, strategies to address women in the HIV response, or reports on the Convention on the Elimination of All Discrimination against Women. Consulting an in-country gender expert[3] may help to quickly identify relevant policies, strategies, and documents.

Finally, review available M&E assessment tools to choose the best match to your context and needs. We suggest the UNAIDS 12 Components M&E Systems Strengthening Tool; the World Health Organization Health Metrics Network document, Assessing the National Health Information System: An Assessment Tool [18]; and the MEASURE Evaluation Monitoring and Evaluation Capacity Assessment Tool, known as MECAT [19, 20]. Review these tools one component at a time. For each component, review the gender-specific assessment elements in Section 2 of this document. Select or adapt elements to help you provide a clearer picture of the capacity of your M&E system to be gender responsive. Add the relevant parts of the tools you review and tailor them for use in your country.

[3] A gender expert may be someone with formal education and training on gender concepts and gender mainstreaming. Experience and dedication to work on gender issues may also qualify someone as a gender expert.

UNDERSTANDING GENDER M&E DATA NEEDS

M&E provides the data needed to (1) plan, coordinate, and implement health programs; (2) assess the effectiveness of health programs; and (3) identify areas for program improvement. Gender plays an important role in health and therefore, a gender perspective is essential in planning, assessing, and improving health programs, and in designing and implementing M&E systems.

Different programs integrate gender in different ways, and it's important to understand how a particular program addresses gender integration. After you assess how your program integrates gender, then you can better understand your M&E data needs. Figure 1 shows the gender continuum that the Interagency Gender Working Group developed. The gender continuum is a conceptual framework of approaches used to understand gender in the context of program development and implementation.

What Do We Mean When We Talk about Gender?

Sex is the biological classification of males and females, determined at birth based on biological characteristics [1].

Gender is a culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, and obligations associated with being female and male, as well as the power relations between and among women and men, and boys and girls. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors, such as race, class, age, and sexual orientation [2].

Figure 1 shows that policies, programs, approaches, and interventions are either gender-blind or gender-aware.

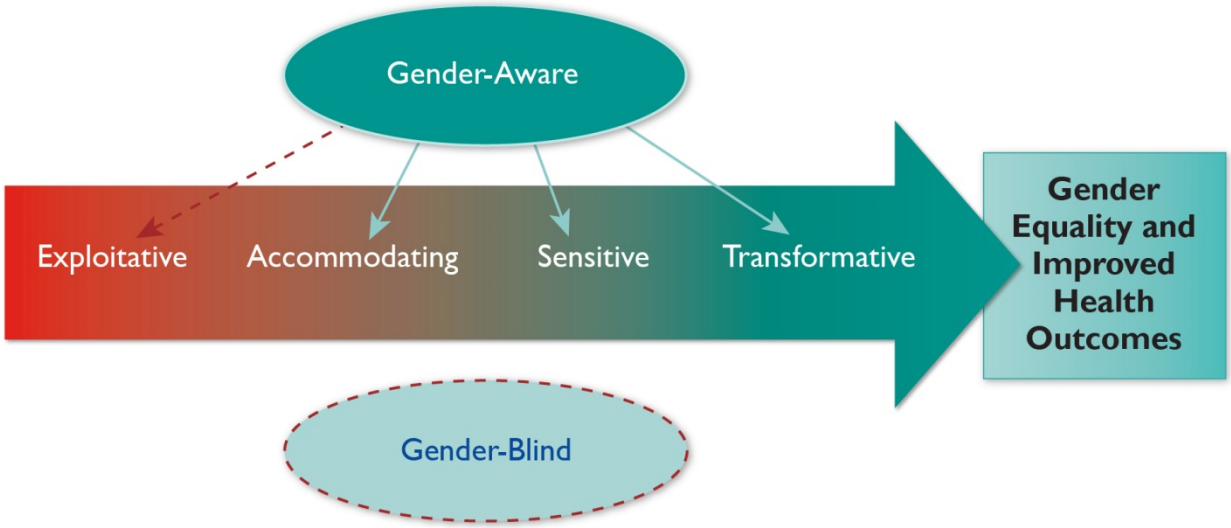
Gender-blind refers to a lack of consideration of gender, such as how gender norms and unequal power relations affect the achievement of project objectives or how project objectives may impact gender.

Gender-aware refers to a recognition or examination of a culturally defined set of roles, duties, rights, responsibilities, and accepted behaviors associated with being male and female, and the power relations among women and men, and girls and boys. The continuum of gender awareness has four categories:

- *Gender-exploitative* describes programs or policies that intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes, or that implement an approach that exacerbates inequalities.
- *Gender-accommodating* describes programs or policies that acknowledge gender, but work around gender differences and inequalities. Although this approach may result in short-term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender systems that contribute to differences and inequalities.
- G*ender-sensitive* describes policies, programs, or interventions that more explicitly address the culturally defined roles, duties, rights, responsibilities, and accepted behaviors that are associated with being male and female. It also describes policies and programs that consider the power relations among women and men, boys and girls.

- *Gender-transformative* describes approaches that strive to examine, question, and change underlying conditions—the norms and power imbalances—to reach health and equity objectives.

Figure 1. The gender continuum, from exploitative to transformative



Source: Figure adapted from the Interagency Gender Working Group. Available at www.igwg.org/training.

The UNAIDS Organizing Framework document outlines an approach to assess the critical data elements that an M&E system needs to capture. When a public health problem is identified, the framework provides a series of questions to guide an appropriate response. From that response, the framework guides you through steps to determine if your program is working as planned and having the intended impact. These questions also help you assess whether your M&E approach is gender-sensitive. Figure 2 shows an example of how to apply a gender lens to an HIV program using the same approach.

Figure 2. Applying a gender lens to a public health questions approach to developing an M&E system: an HIV program example

Source: Adapted from the UNAIDS Organizing Framework for a Functional HIV M&E System

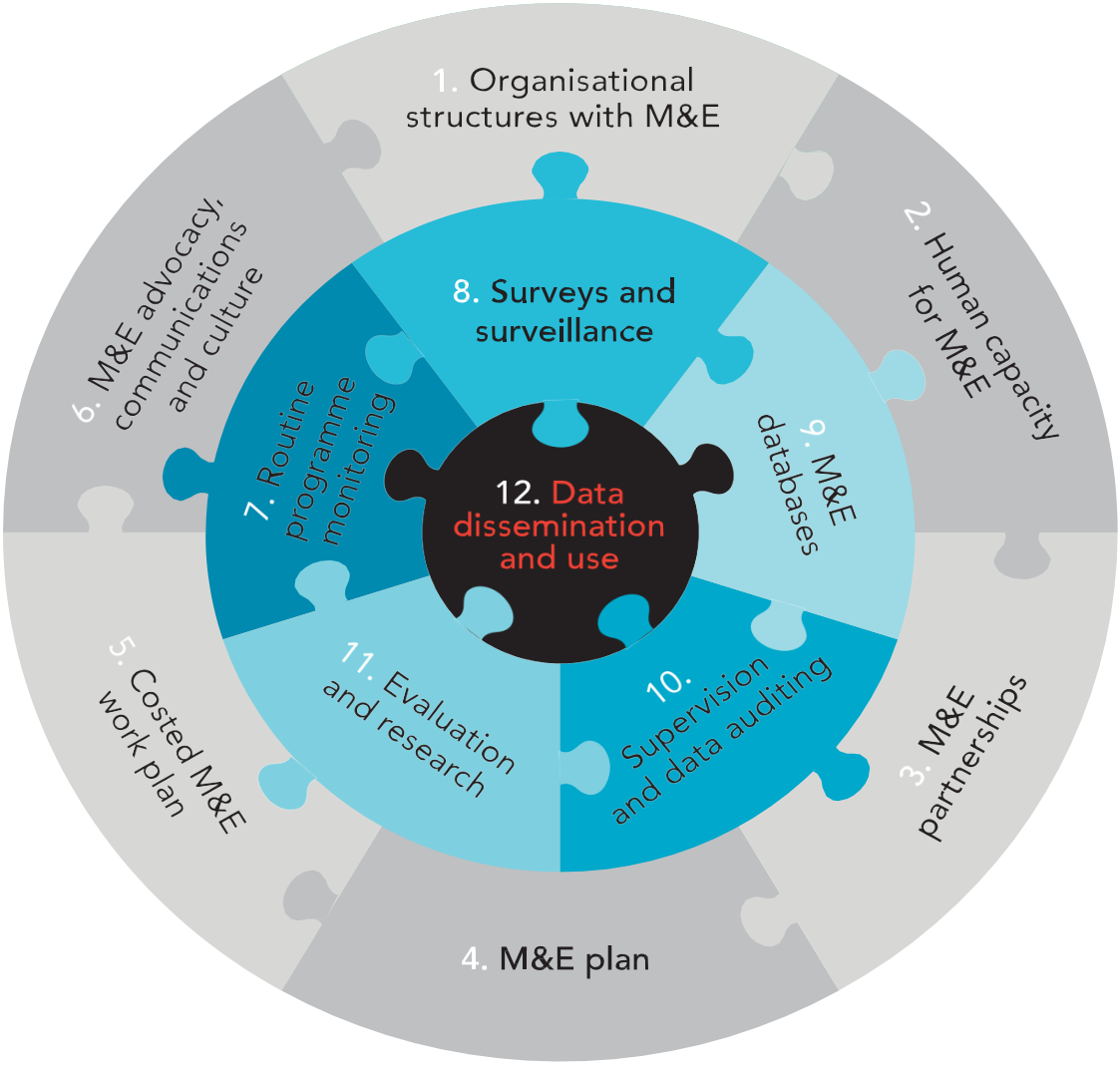
INTEGRATING GENDER IN AN ORGANIZING FRAMEWORK FOR A FUNCTIONAL NATIONAL M&E SYSTEM

A gender-sensitive M&E system is essential for health programs to be able to address the many-faceted gender dimensions in the health field. The data that result from an effective gender-sensitive M&E system produce evidence-based information to guide program decisions that address differential health status, healthcare utilization and access, and gender inequalities. Ensuring that M&E frameworks and approaches are gender-sensitive requires an assessment with a focused gender lens applied to all M&E system components. The UNAIDS Organizing Framework for a Functional National M&E System focuses on 12 components (Figure 3).

The components in Figure 3 are shown as three rings. The outer ring represents the people, partnerships, and planning required to support data collection and system processes. The middle ring represents the mechanisms used to collect, verify, analyze, and transform data into useful information. The inner ring represents the central purpose of an M&E system—to disseminate data for use in program decision making.

The UNAIDS framework makes it clear that the 12 components are not 12 sequential steps to build an M&E system, but rather that all 12 components are essential for an M&E system to function effectively. An assessment of the M&E system can identify missing components or gaps that need improvement and help prioritize the areas that need work first. A similar approach is required to ensure that the M&E system is gender-sensitive. Certain aspects may need to be in place before work can begin on other aspects. For example, one of the first priorities is to ensure that an organization's human resources have the capacity to undertake gender-sensitive M&E. Another priority is to engage with local stakeholders at each level of the system to understand how components in the system interact and influence one another. Their input can help inform the M&E system design and improve the overall M&E system.

Figure 3. Organizing framework for a functional national M&E system: 12 components



Source: UNAIDS, 2008

GENDER INTEGRATION IN THE 12 COMPONENTS

This section describes the application of a gender lens in an M&E system, specifically in the 12 components. It also lists gender-specific questions that could be included in an assessment of a national M&E system.

People, Partnerships, and Planning

Gender integration in an M&E system begins by ensuring that gender is addressed in organizational policies and procedures. It also requires dedicated M&E human resources with the knowledge and competencies required to collect, verify, analyze, report, and use gender data. Gender stakeholders' participation contributes to the development of a national M&E plan and work plan that have gender integrated fully across all M&E processes. Organizations also need to create a culture for using gender-sensitive data to inform their programs.

Six of the 12 framework components that capture the functions of people, partnerships, and planning in an M&E system are Component 1, organizational structures with M&E functions; Component 2, human capacity for M&E; Component 3, partnerships to plan, coordinate, and manage an M&E system; Component 4, a national multisectoral M&E plan; Component 5, an annual costed national M&E work plan; and Component 6, advocacy, communications, and culture for M&E.

Collecting, Verifying, and Analyzing Data

A national M&E system relies on mechanisms for collecting data needed to inform programming. The system requires data to inform the types of services and interventions that are needed and to assess how effectively those services and interventions are being implemented, if they are being accessed and used, how effective they are in accomplishing program objectives, and what their overall impact is on health status. These mechanisms used to collect data through routine program monitoring, surveys, and evaluations and research need careful review for alignment with the national strategic plan. They also need to be kept updated to ensure they are gender-sensitive and that they capture gender data specified in the M&E plan.

Five of the 12 components that collect, verify, and analyze data for use in program design and decision making are Component 7, routine program monitoring; Component 8, surveys and surveillance; Component 9, national and subnational databases; Component 10, supportive supervision and data auditing; and Component 11, evaluation and research.

Using Data for Decision Making

The last component in the framework, Component 12, is data dissemination and use. The core purpose of an M&E system is to capture data that will be used for evidence-based policy and program decision making. To ensure that stakeholders use that data, the information needs to be targeted and disseminated in a format that is useful and actionable. This requires assessing stakeholder data needs, including those of key gender stakeholders. By including mechanisms that capture data on gender differentials and other aspects of gender inequalities, M&E systems can help track progress and assess the effectiveness of health programs to address gender inequities. Mechanisms are also needed for gathering evidence—in the form of policies, strategies, and program reports—to demonstrate how gender data have been used for decision making.

> Key gender stakeholders in health programs are gender experts; women's organizations; youth groups; lesbian, gay, bisexual, and transgender organizations; and organizations that represent beneficiary populations targeted for specific health areas, such as people living with HIV and AIDS, sex workers, men who have sex with men, and people who are gender nonconforming.

Component 1: Organizational Structures with M&E Functions

Gender needs to be considered in an organization from two main perspectives: first, its policies and procedures; and second, its human resources.

Gender-responsive policies and procedures need to guide organizational structure and function. For example, it is important to provide equal opportunities for M&E professional development and growth for men and women alike and to strive for a balanced representation by sex at different levels of the organization. To achieve equity in an organization, an assessment is needed to determine the proportion of positions held by men and by women at different levels. The results will indicate any differences that need to be addressed to ensure gender equity and guide setting targets for recruitment or professional development to balance gender representation. Policies also need to ensure that M&E staff are treated equally and receive the same benefits. Appendix 1 provides information and resources on gender-responsive policies.

From the human resources perspective, it is essential that M&E staff have capacity in gender M&E. To ensure this, the M&E unit should have at least one gender expert or gender focal point who can provide oversight to continuously and strategically apply a gender lens to M&E processes and practices.

Following is a list of gender-specific elements related to M&E organizational structures:

Policy level:

- Organization's values and ethics statements specify gender equity as a goal.
- Gender-responsive policies are in place within the M&E unit.
- There is a policy in place or evidence of effort by the organization to work toward gender-equitable representation among staff at all levels.

- The organization's standard operating procedures or protocols specify including gender in routine mechanisms for M&E planning and management within the M&E unit.

Human resources level:

- At least one staff member within the M&E unit is a gender expert or appointed gender focal point.
- At least one staff member of the M&E unit has a job description that includes a focus on gender M&E issues

Component 2: Human Capacity for M&E

Gender-sensitive M&E necessitates an M&E workforce that has gender expertise and a broad understanding of the importance of assessing gender differentials and inequities in their work. Institutionalizing gender expertise as a necessary M&E skill is essential. All M&E staff should understand why gender is important in health and M&E. At the national level, the M&E training curricula should be gender-inclusive. Appendix 2 lists resources for M&E gender-related training materials and courses. Staff with gender M&E skills and expertise should be recruited in M&E units and existing staff should be trained on gender M&E. Regular workforce development and capacity building should take into account the importance of gender; workforce development plans and human capacity building plans at the organization or unit level should, therefore, include gender-integrated M&E.

Following is a list of gender-specific elements related to human M&E capacity:

- Gender M&E is among the M&E skills and competencies required of M&E unit staff.
- The nationally endorsed M&E training curriculum is gender-sensitive and specifically covers the following elements:
    - Methods: gender-sensitive methods and sampling
    - Data collection: sex-disaggregated data, gender indicators, and complex measures of attitudes and social norms
    - Data analysis and interpretation: understanding how gender can influence health outcomes
    - Data reporting, dissemination, and use: gender data are collected, disseminated, and used to make evidence-informed decisions and gender data appear in reports and products
- M&E unit staff have skills and competencies to collect, analyze, report, and use gender data and data disaggregated by sex.
- M&E unit staff includes at least one person skilled in data collection among special, high-risk populations, such as MSM, sex workers, or migrants.
- Gender M&E knowledge and skills are incorporated in the workforce development plan.

- Resources are allocated for gender M&E capacity-building in the costed human capacity-building plan.
- Gender M&E specialists able to build M&E capacity are included in the national database of trainers and technical assistance providers.

Component 3: Partnerships to Plan, Coordinate, and Manage the M&E System

Including gender experts and other key gender stakeholders as members in the national M&E technical working group (TWG) helps ensure that a gender lens is used to plan, coordinate, and manage the national M&E system, specifically health area-specific M&E systems. These experts and stakeholders need a path to contribute to planning and managing the M&E system in a meaningful way. Their consultation is particularly needed at key stages in the development and planning of national M&E strategies and activities. Input from these key stakeholders in the design and implementation of a gender-sensitive M&E system can help define measures of success. Their advice can help ensure that useful data are collected for programmatic decision making at different levels of the M&E system and for different users of the data. They also can encourage local ownership and use of the data.

Following is a list of gender-specific elements related to partnerships for the M&E system:

- The national M&E TWG includes at least one gender expert.
- The terms of reference for the national M&E TWG specify that M&E processes and documents need to be reviewed to ensure the integration of gender.
- A national inventory of M&E stakeholders includes key gender stakeholders.

Component 4: National Multisectoral M&E Plan

The objectives of the national M&E plan should be explicitly linked to the national health strategy or national strategic plan to ensure that relevant data are collected to track implementation of the plan and progress toward its objectives and goals, including addressing key populations and gender inequalities generally and in specific health sectors. The national M&E plan and its indicators should adhere to explicit global and national technical standards and agreed best practices. Among these best practices are data disaggregation by sex and age and measurement of other indicators to capture information on gender-related barriers to access health prevention and treatment services, gender norms that influence health seeking and risk behaviors, and other indicators that reveal gender differentials. Appendix 3 lists resources and links to validated gender indicators.

At least one gender expert—ideally one who participates in the M&E TWG—should be involved in the development of the national M&E plan. The gender expert can provide input to ensure that gender is included in all components of the M&E plan and coordinate a review of the M&E plan by key gender stakeholders. Appendix 4 provides guidance on how to incorporate gender in the different components of an M&E plan.

Following is a list of gender-specific elements related to the national M&E plan:

- An assessment of the information needs of key gender stakeholders has been conducted.
- Gender experts and key gender stakeholders are consulted in the development of the national M&E plan.
- The national M&E plan integrates gender across the different M&E processes to collect, compile, analyze, report, and use data.
- The national M&E plan includes indicators to measure progress on gender-specific health strategies and interventions and includes gender indicators and indicators disaggregated by sex and age.

Component 5: Annual Costed National M&E Work Plan

Resources—human, physical, and financial—are necessary to implement an M&E work plan successfully. Ensuring that the work plan is gender-sensitive consequently necessitates resources that are specifically committed to collect, compile, analyze, report, disseminate, and use gender data, including data disaggregated by sex and age and data that are specific to high-risk populations.

As with the development of the national M&E *plan*, at least one gender expert should be included in the team that develops the national M&E *work plan*. This gender expert must understand M&E concepts and processes to provide appropriate guidance on the M&E work plan's development. The gender expert can coordinate, consult, and seek review of the work plan with key gender stakeholders.

Following is a list of gender-specific elements related to the national M&E work plan:

- Adequate resources have been allocated and are available to collect, analyze, report, disseminate, and use gender data, including data disaggregated by sex and age.

Component 6: Advocacy, Communication, and Culture for M&E

Gender M&E can provide evidence that raises awareness of differential health status and gender inequalities, and it can be used to advocate change. It is important that national health strategic plans describe the relationship and importance of gender and health and discuss what strategies and interventions are being implemented to address and improve gender differentials and inequities. Like the national M&E plan and work plan, national strategic plans should also aim to include key gender stakeholders in the consultation and development of the plan.

The national communication strategy should explicitly reference how gender data related to health will be disseminated and used. Gender M&E champions should be identified in the ministry of health and national coordinating agencies, such as the national HIV and AIDS body, the national malaria control program, and other ministries that work in health. They should help advocate the inclusion of gender strategies in strategic plans and encourage gender-related M&E that can collect, analyze, disseminate, and use gender data to track progress and effectiveness of gender strategies.

Following is a list of gender-specific elements related to advocacy, communication, and culture for M&E:

- A gender champion[4] in the ministry of health and other national coordinating agencies works to promote the collection, analysis, dissemination, and use of gender data.
- The national strategic plans describe the relationship between gender and health outcomes and include gender-specific strategies for addressing gender differentials and inequities.
- The national M&E system's information products, such as reports, website content, and graphics, offer information about gender and health.

Component 7: Routine Program Monitoring

The routine HIS needs to collect data that provide information on gender differentials in the demand for, access to, and use of health services. Data collection tools, data analysis, and dissemination and reporting mechanisms all need to include gender data and data disaggregated by sex and age.

Nongovernmental organizations (NGOs) and community-based organizations (CBOs) are important implementing partners in many health areas, and they are also key contributors of routine health data. These organizations need clear guidance and strong linkages between their programs and the national HIS to ensure that gender data are collected and fed into the national HIS. When an NGO or CBO is the primary provider of prevention and treatment services for marginalized or hard-to-reach populations, routine monitoring typically collects standardized but specific indicators on these special groups. It is important to capture data from these organizations to feed them into the national M&E system, which requires that they receive guidance, standardized gender-sensitive reporting forms, and training on gender M&E.

Following is a list of gender-specific elements related to routine program monitoring:

- National guidelines exist that document procedures to collect, compile, analyze, and report gender data in the HIS, including facility- and community-based data.
- Guidelines for implementing partners have been developed and disseminated to document program procedures for collecting, compiling, analyzing, and reporting gender data.
- Standardized reporting forms collect gender data on sex and age.
- National-level indicators are reported by sex and age.
- Routine monitoring reports include information on gender differentials, such as data disaggregated by sex or other gender indicators.

[4] A gender champion does not necessarily have the training or expertise of a gender expert. A gender champion understands gender and the gendered dimensions of health. A gender champion has the passion and ability to advocate and influence change.

Component 8: Surveys and Surveillance

Data from surveys and surveillance activities can provide information on knowledge, behaviors, and coverage of health interventions in the broader population, including those who may not be accessing prevention and treatment services and are consequently not captured in routine monitoring data. Surveys and surveillance are, thus, important ways to gather information about populations who do not or cannot access routine health services or who have specific characteristics or needs that are not captured in routine reporting. Gathering data from these often marginalized populations is important for understanding the gender dimensions or context of specific health issues, such as a country's HIV epidemic. More research on and better understanding of the relationship between gender and specific health outcomes are needed.

Some important skills and capacities are necessary to survey special populations and to capture data on sensitive topics, such as GBV. First, important ethical considerations need to be observed to ensure safety and confidentiality of these special populations. For example, in the case of HIV, identifying high-risk populations, such as MSM or sex workers, can result in stigma and violence, and therefore extreme care must be taken in determining where and how such populations are approached and in ensuring their safety and confidentiality. Specific methodological skills are also required, including a knowledge of different sampling techniques to reach special populations and an ability to implement them. Collecting data on sensitive topic areas, such as GBV, requires specialized training. Appendix 5 lists relevant resource documents.

Surveys are one method often applied in evaluation and research (Component 11). The gender integration guidance and assessment elements described here are applicable to Component 11.

Following is a list of gender-specific elements related to surveys and surveillance**:**

- Surveys and surveillance collect data on sex and age differentials, as appropriate.
- Surveys collect data on important gender dimensions related to health, such as gender norms and expectations, roles and responsibilities, access to and control over resources and information, decision making on health and sexual relationships, healthcare seeking behaviors by sex, and GBV.
- Surveys or surveillance are conducted to assess marginalized or special, high-risk populations.

Component 9: National and Subnational Databases

Existing national and subnational databases should be set up to capture data components that are outlined in the national health M&E plan. This includes gender data and data disaggregated by sex and age. It must also be possible to collect data disaggregated by sex and age and aggregate them up through each administrative level of the data collection system.

Following is a list of gender-specific elements related to national and subnational databases:

- National and subnational databases capture data disaggregated by sex and age.

- National and subnational databases are updated to capture gender indicators that are included in the national M&E plan.

Component 10: Supportive Supervision and Data Auditing

Ideally all staff involved in the collection and reporting of health data understand the importance of collecting and using gender data, but this is most important for staff who are responsible for analyzing and using data for decision making. Health facility M&E staff and supervisors are often already overstretched, and they are not directly responsible for data analysis. Thus, it may not be a priority to build their knowledge and capacities specific to gender M&E beyond a basic understanding of the importance of assessing gender in health. Supervisors at the district and regional levels, however, need to have an understanding of what data are collected for initial analysis and local decision making and why the information is important. District and regional supervisors should understand the important elements of M&E systems and the value of capturing gender dimensions of health through routine data systems. National-level supervisors need to reinforce this through their supervision and mentorship activities at regional and district levels.

Following is a list of gender-specific elements related to supportive supervision and auditing:

- Review of appropriate data disaggregation is included in the protocols for auditing routine health service data.
- Supervisors understand the importance of collecting data disaggregated by sex and age for the assessment of gender differentials in demand for, access to, and use of healthcare services.

Component 11: Evaluation and Research

A gender lens should be applied to all research and evaluation studies. This implies ensuring appropriate ethical approval procedures and standards, applying gender-sensitive methods, and capturing data that provide information about gender or that answer specific questions about the relationship between gender and health outcomes.

A prioritized national health research agenda should include biomedical, social sciences, and operational research. A gender lens should be applied to all research methods, and research questions specific to gender should be considered in each area. Evaluations should consider how outcomes and impacts of interventions, programs, or policies differ across populations.

Ethical approval procedures and standards must address marginalized and other special populations, particularly those most at risk or vulnerable. Mitigating risk and ensuring confidentiality are particularly important among vulnerable populations. Different sampling and data collection methods may be necessary for special populations. Guidance on evaluation and research standards for special populations should be developed and shared across M&E units and with implementing partners. This includes standards and procedures for surveys (Component 8), a method often used in evaluation and research. Appendix 5 lists examples and additional resources on ethics and considerations in conducting research on populations at higher risk of exposure to HIV.

Following is a list of gender-specific elements related to evaluation and research:

- The national research agenda includes research questions that address gender and health.
- The national committees that approve and coordinate health research and evaluation include at least one gender expert each and seek consultation with key gender stakeholders to develop the national research agenda.

Component 12: Data Dissemination and Use

Gender data to inform health programming are important for health providers and managers in their decision making. They need the information to guide them in the best ways to address the varying needs of women, men, girls, boys, gender nonconforming people, and key populations.

Data dissemination should include key information about data analysis and a context to help interpret indicators, particularly for gender indicators. If analysis of data disaggregated by sex shows no differences by sex, it may not be necessary to discuss sex results in reports or other products; however, it is still important to describe the analyses to specify that differences by sex were assessed.

An assessment should be conducted to determine the key data users, to ensure that beneficiaries and other key stakeholders including gender stakeholders are considered, and to understand the specific data needs of each user. An important step in this assessment is to work with data users and decision makers to help them understand the importance of gender and how gender influences and affects health outcomes. A standard format for reporting data to capture gender information and appropriate data disaggregation by sex and age should be developed and used. Data dissemination should be targeted at key decision makers and inclusive of gender stakeholders. Interpretation and use of data for decision making requires an understanding of how to interpret gender data and differentials by sex and age and the kinds of conclusions and actions that can be drawn from the data.

Following is a list of gender-specific elements related to data dissemination and use:

- Information products, such as reports, briefs, and presentations, that are disseminated by the organization highlight or include gender differentials and other gender data.
- Guidelines for the dissemination and use of data address how to present gender data, including data disaggregated by sex and age.
- Data are disseminated or dissemination is planned to key gender stakeholders.
- Evidence exists of gender data being used to revise national health program interventions, strategies, work plans, and policies.
- Gender data are used to revise the program strategies, work plans, or policies of implementing partners.
- Gender data are used to inform the national research agenda.

PLANNING AN M&E SYSTEM ASSESSMENT

An M&E capacity or system assessment is best carried out through a participatory workshop with key M&E stakeholders from the focus health sector and other key stakeholders, including gender stakeholders. The assessment workshop is a participatory exercise to identify strengths and weaknesses in the current M&E system and to develop recommended actions for improvements. As such, the workshop is best incorporated in the national strategic planning process for your health sector, followed closely by your health sector's M&E planning [21]. The timing of the workshop needs to be planned carefully, to ensure that the dates encourage participation and do not conflict with other planning meetings that lead up to national strategic planning processes.

The assessment workshop will likely require three to four days. The workshop should have an introductory session on gender, to ensure that all participants have a shared understanding of the concept of gender, the importance of addressing gender inequities in health programs, and the requirements for gender-sensitive programming and gender-sensitive M&E. This introduction will provide a clearer understanding of the importance of assessing gender aspects of the M&E system and ensure a common understanding of the gender-specific assessment questions.

The last day of the workshop should focus on prioritizing key gaps identified and drafting an action plan to address those gaps. The workshop should emphasize that gender M&E data should be used to improve national health policies and programs and that M&E system assessment findings should be used to strengthen or improve policies, organizational structure, and M&E systems and capacities. The workshop should also reinforce the idea that findings can be used to develop capacity strengthening plans (such as targeted training for M&E staff) for refining data collection and reporting systems, and to provide a review of policies and plans for data dissemination and use. Additional guidance on assessment workshop preparation, implementation, and follow-up are available from UNAIDS [21].

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APPENDIX 1. GENDER-RESPONSIVE POLICY GUIDANCE DOCUMENTS

The following list of guidance documents provides links to additional information.

Australian Government, Workplace Gender Equality Agency. (2014). Developing a workplace gender equality policy. Sydney, Australia: Workplace Gender Equality Agency. Retrieved from https://www.wgea.gov.au/sites/default/files/Characteristics-of-a-Gender-Equality-policy.pdf.

Kring, S. A. & Kawar, M. (2009). Guidelines on gender in employment policies. Geneva, Switzerland: Employment Policy Department, International Labour Office. Retrieved from http://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/instructionalmaterial/wcms_103611.pdf.

United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). (2012). Promoting gender-equitable institutional cultures and practices. New York, NY: United Nations Women. Retrieved from http://www.endvawnow.org/en/articles/221-promoting-gender-equitable-institutional-cultures-and-practices.html.

Government of Newfoundland and Labrador, Women's Policy Office. (n.d.) Planning for gender equitable employment. St. Johns, Newfoundland: Women's Policy Office, Government of Newfoundland and Labrador. Retrieved from http://www.exec.gov.nl.ca/exec/wpo/genderbased/equitableemploy.pdf.

APPENDIX 2. GENDER M&E TRAINING MATERIALS AND COURSES

The following list of training materials provides links to additional information.

M&E of Gender and Health Programs
http://www.cpc.unc.edu/measure/training/materials/m-e-of-gender-and-health-programs.html

M&E of Constructive Men's Engagement Programs
http://www.cpc.unc.edu/measure/training/materials/CME

M&E of Gender-Based Violence Prevention and Mitigation Programs
http://www.cpc.unc.edu/measure/training/materials/gbv

The following list of training courses provides links to additional information.

Gender M&E
http://www.globalhealthlearning.org/course/gender-m-e

M&E Guidelines for Sex Workers, Men Who Have Sex with Men, and Transgender Populations–Service Delivery Level
https://training.measureevaluation.org/node/84

M&E Guidelines for Sex Workers, Men Who Have Sex with Men, and Transgender Populations–National Level
https://training.measureevaluation.org/node/87

APPENDIX 3. GLOBAL GENDER INDICATORS

The following list of resources provides links to additional information on gender indicators.

Compendium of Gender Equality and HIV Indicators
http://www.cpc.unc.edu/measure/publications/ms-13-82

Demographic and Health Surveys. Modules that Address Domestic Violence, Women's Status, and Female Genital Cutting
http://dhsprogram.com/topics/gender-Corner/index.cfm

Family Planning and Reproductive Health Indicators Database
http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/

Under "cross-cutting indicators," see "Women and Girls Status and Empowerment," "Service Deliver: Gender Equity and Sensitivity," and "Male Engagement in Reproductive Health Programs."

Gender Scales
http://www.c-changeprogram.org/content/gender-scales-compendium/index.html

Knowledge 4 Health IGWG Gender and Health Toolkit
http://www.k4health.org/toolkits/igwg-gender

UNAIDS HIV Indicator Registry
http://www.indicatorregistry.org/

Violence Against Women, Gender Compendium
https://www.cpc.unc.edu/measure/publications/ms-08-30

APPENDIX 4. APPLYING A GENDER LENS TO DEVELOP AN M&E PLAN

The following table describes how to apply a gender lens to the development of each component of an M&E plan.

M&E Plan Component	Gender Lens Application
Program Overview, Description	
Problem Statement	Describe norms and known gender differentials that influence, affect, or relate to the specific health outcomes that the program addresses.
Conceptual Framework, Theory of Change	Demonstrate the effect and influence resulting from addressing gender norms and gender differentials on health outcomes.
Goals and Objectives	List program goals and objectives and clearly state expected results from integrating gender in the program or addressing gender differentials or norms. Goals and objectives should be specific, measurable, appropriate, realistic, and time-based.
Description of Interventions	Describe how gender norms or known gender differentials in knowledge or access to care will be addressed in program strategies and interventions.
Monitoring Plan	
Performance Indicators	Include data disaggregation by sex and age on indicator reference sheets. List gender performance indicators relevant to the program.
Data Sources and Reporting Systems	Identify data sources for gender indicators, considering the requirements for data disaggregated by sex and age. Set up data reporting systems to collect information for gender indicators and data disaggregated by sex and age.
Data Quality Checks and Audits	Ensure that data quality checks and audits include a review of gender indicators and data disaggregation by sex and age.
Data Analysis	Ensure that the data analysis plan explains the process for gender data analysis.
Data Use and Dissemination Plan	Identify stakeholders, including key gender stakeholders, in the data use and dissemination plan. Identify recipients of shared program data. Explain how identified stakeholders will use gender data. Describe the plan to disseminate gender data to stakeholders over the life of the program.
Evaluation Plan	
Evaluation Questions	Ensure that gender-specific questions are included in the comprehensive list of evaluation questions, such as understanding the gender

M&E Plan Component	Gender Lens Application
	differentials in outcomes of interest to the program, assessing the effectiveness of gender strategies on health outcomes of interest to the program; and assessing the influence of gender norms on specific health outcomes or health status measures.
Planned Evaluations	List different planned program evaluations and how gender will be incorporated or gender measures will be assessed in evaluations.
Sharing and Disseminating Evaluation Results	Ensure that the evaluation dissemination plan identifies stakeholders, including key gender stakeholders, who will receive the evaluation findings and how the findings will be used (for example, to inform policy and program design).
M&E Plan Implementation	
Detailed Implementation Plan	Include a description of gender-specific data collection, compilation, analysis, reporting, use and dissemination tasks; a timeline for the tasks; the person(s) responsible; and associated costs.
Roles and Responsibilities	Identify key personnel and focal points who will collect, compile, analyze, report, use, and disseminate gender data.

APPENDIX 5: ETHICS AND RESEARCH DOCUMENTS ON KEY POPULATIONS

The following list of ethics and research documents provides links to additional information.

UNAIDS. (2011). Guidelines on surveillance among key populations. Geneva, Switzerland: UNAIDS. Retrieved from http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2011/20110518_Surveillance_among_most_at_risk.pdf

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