A Practical GUIDE for Conducting and Managing GENDER ASSESSMENTS in the Health Sector

By Margaret E. Greene
TABLE OF CONTENTS

I. INTRODUCTION ........................................................................................................ 1
   What Is a Gender Assessment?
   Getting Started

II. FOUR KEY STEPS FOR CONDUCTING A GENDER ASSESSMENT IN THE HEALTH SECTOR ........................................ 4
   Collect and Analyze Data on Gender
   Review Activities and Programs
   Assess Programming Gaps
   Make Recommendations for Future Programming

III. BEYOND THE 4 STEPS .................................................................................... 12
   Strategic Plan
   Monitoring and Evaluation
   Procurement

IV. CONCLUSION ...................................................................................................... 14

ANNEX I ..................................................................................................................... 15
   Country Development Cooperation Strategy

ANNEX II .................................................................................................................. 16
   Policy and Institutional Mandates: GHI, Feed the Future, PEPFAR, President’s Malaria Initiative, BEST

ANNEX III .................................................................................................................. 18
   Multisectoral Approach

ANNEX IV .................................................................................................................. 19
   Support for Addressing Gender in Proposals

ANNEX V .................................................................................................................... 21
   Resources for Integrating Gender Into Specific Areas of Health

ANNEX VI .................................................................................................................. 22
   Additional Selected Resources

This publication is funded through the United States Agency for International Development (USAID) under the terms of the IDEA Project (No. AID-0AA-A-10-0009). The contents are the responsibility of the Population Reference Bureau and do not necessarily reflect the views of USAID or the United States government.

© 2012 Population Reference Bureau. All rights reserved.
I. Introduction

Gender inequality undermines health, denies people’s rights, and slows progress in many areas of development. Research has shown that addressing this inequality contributes to achieving stronger health outcomes. In recognition of this reality, the United States government (USG) has strengthened requirements to conduct gender assessments to inform and shape investments in international development. But what does it mean to conduct a gender assessment? How do you get started? How do you comply with USAID’s strategic focus on gender in program design and implementation? How do you turn the findings from gender analyses into practical recommendations for USAID’s work?

The USG has established institutional mandates and policies that emphasize the importance of addressing gender in efforts to achieve sectoral outcomes (including health) and promote equality. From USAID’s Gender Equality and Female Empowerment Policy to the Country Development Cooperation Strategy (see Annex I) down through various initiatives and institutional guidance, the USG recognizes the strategic importance of addressing gender inequality in its programming.

This document is a practical guide for conducting or managing a gender assessment, as mandated by the Automated Directives System (ADS, see Box 1, page 2) for the work USAID does, including the Global Health Initiative (GHI), President’s Emergency Plan for AIDS Relief, President’s Malaria Initiative, Feed the Future, and BEST Practices at Scale in the Home, Community and Facility. (For more detailed information on the institutional mandates for conducting gender assessments, see Annex II.) The guide provides concise, user-friendly directions and will be useful for USAID Mission staff as well as other USG partners in conducting, managing, or guiding a gender assessment that gathers the necessary information about gender to inform health programming. The objective of this guide is to enable USG and USAID partners to design, collect, use, or manage information on the linkages between gender inequality and health.

The guide includes sample gender assessment questions, sources of information, and approaches—all of which can be adapted within the context of USG structures and programming. While these assessments emphasize health, the guide helps position the findings in the broader, multi-sectoral context for an integrated overall analysis. Indicators and other supports for monitoring and evaluation are also key, and are being developed through the GHI Women, Girls and Gender Equality (WGGE) M&E Working Group.

Who Is This Guide For?

As already stated, this guide is intended for use by USAID Mission staff as well as other USG partners. Whether the reader is managing the process or actually conducting the gender assessment, this guide enables the user to describe the problem, articulate the degree to which the Mission’s and others’ programming responds to the problem, identify gaps between what is being done and the need, and recommend a future course of action.

Gender refers to the socially constructed roles, behaviors, activities, and attributes that society considers appropriate for men and women. This guide uses the term “gender” rather than “gender roles,” “gender responsibilities,” or “gender dynamics.” For definitions of gender-related terms, click here.
What Is a Gender Assessment?
The USG recognizes gender inequality as a significant constraint to effective development and is strongly committed to addressing it in its programming and investments (see Annex II). Gender assessments are fundamental to moving forward on any of these directives, so what precisely is a gender assessment? A gender assessment combines: 1) a gender analysis of the situation in a given setting, 2) a review of programs, 3) an assessment of programming gaps, and 4) recommendations for future programming. 

First, it analyzes the circumstances of women and men and the realities of gender inequality in a given setting. It reviews the activities and programs the Mission and others are currently supporting that respond to those realities. It assesses the programming contributions and gaps in addressing the gender inequalities that harm health. And, finally, it identifies opportunities for work the Mission could support, offering suggestions for how the Mission might want to invest in its future programming. While this guide focuses on health, it is essential to link with other relevant sectors.

In brief, a gender assessment analyzes the ways that gender influences the desired outcomes, and then translates this understanding into activities consistent with the focus of the Mission. For further detail, see the definitions on the last page of Sample Scopes of Work for Gender-Related Analysis and Training. Each of the four steps is essential, and all steps must be included in a complete gender assessment. The process section of this document is organized according to these four steps (see Box 2).

Getting Started
A person requesting, managing, or conducting a gender assessment will sometimes encounter challenges in his or her efforts to integrate gender more fully into USAID’s health agenda. Box 3 (page 3) provides some tips on how to respond to a few of the challenges to doing the job right. Box 4 (page 3) outlines the logistical details that need to be considered as you move through the gender assessment.

---

**BOX 1**

**Automated Directives System**

The Automated Directives System (ADS) requires gender to be incorporated into planning and programming in an integrated way. Any analysis conducted for the ADS should be structured by two key questions to be addressed at every stage of the planning/program cycle:

1. How will the different roles and status of women and men within the community, political sphere, workplace, and household (for example, roles in decisionmaking and different access to and control over resources and services) affect the work to be undertaken?
2. How will the anticipated results of the work affect women and men differently?

Findings from gender analyses should help to determine the integral positioning of gender in the procurement process, project activities, and in performance management systems and evaluations. In sum, the design of all projects and activities must take gender analyses into account.

**BOX 2**

**Four Steps of a Gender Assessment**

1. Analyze the gender circumstances of women’s and men’s lives in a given setting and how gender inequalities affect outcomes of interest (this is called a gender analysis).
2. Review activities and programs currently being supported by the Mission and others.
3. Assess programming gaps as current investments address the gender inequalities that harm health.
4. Make recommendations for future programming.

An important measure of success for a gender assessment is the action the Mission takes to implement the recommendations into its strategic plan and build staff capacity to address gender inequality.
**BOX 3**

**Anticipating and Responding to Common Challenges and Misconceptions**

Examples drawn from USAID India gender assessment

- Explain the relevance of gender to varied sectoral goals by providing evidence that integrating gender leads to improved reproductive health and development objectives.*

- Make the case that, as a cross-cutting theme, gender in health programming is the responsibility of all technical experts, not just a few specialists, and not just the gender focal person.

- Make clear that addressing gender in programming and monitoring needs to go beyond tracking the sex and age of beneficiaries.

- Emphasize that because gender is about how men’s and women’s roles are shaped in relation to one another, addressing gender inequality requires working not only with women and girls, but also with men and boys.

- Clarify that Institutional Review Board (IRB) approval is not required for a gender assessment. Although they involve “research” of a sort, gender assessments are exempt from IRB review, since they contribute directly to programmatic improvements.

*For evidence, see IGWG’s *A Summary Report of New Evidence That Gender Perspectives Improve Reproductive Health Outcomes* and *World Development Report 2012.*

**BOX 4**

**Gender Assessment Logistics**

On a practical level, it is important to deal with several logistical details to ensure the success of your gender assessment:

- Select projects that represent the full range of health issues being assessed.

- Be clear about who is responsible for setting up interviews and visits.

- Organize interviews and visits with plenty of advance notice, ideally facilitated and supported by the gender focal person and other key staff members in the Mission.

- Bear in mind that the full set of interviews is always a moving target—some of the groups with whom you would like to meet come into focus as other interviews are conducted.

- Ensure that all team members have clearly defined roles and responsibilities.

- Manage expectations about the gender assessment; make sure staff understands that the assessment will provide a roadmap to begin addressing inequalities and disparities, but requires staff commitment to incorporate the findings into programmatic strategies.
II. Four Key Steps for Conducting a Gender Assessment in the Health Sector

This chapter explains the four key steps of carrying out a gender assessment in the health sector, with a specific focus on family planning, reproductive health, HIV/AIDS, and maternal and child health, though it is relevant to other areas of health. At each step, it is essential to bear in mind the levels at which gender norms and inequalities play out in health: Individual, family and community, and the institutional and policy environment.

The basic questions to be answered are:

- What are the different gender-related constraints and opportunities faced by women and men, boys and girls?
- How do gender relations affect outcomes and the achievement of sustainable results?
- How will proposed results affect the relative status of men and women?

The answers to these questions should be written up and organized in a way that is most useful to the Mission.

This section leads into the last chapter, which includes suggestions for ensuring that the results of any gender assessment are taken up by the Mission. The ultimate measure of success for a gender assessment is the action the Mission takes to implement the recommendations into its strategic plan and build its capacity to address gender inequality.

STEP 1. COLLECT AND ANALYZE DATA ON GENDER

Analyze the gender circumstances of women’s and men’s lives in a given setting and how gender inequalities affect desired health outcomes. This is called a gender analysis.

To set the stage for a thorough analysis of how gender norms and inequalities may undermine health and should be addressed in programming, a gender assessment should gather information about the social, economic, policy, and institutional context in the country or setting. It should collect data on gender relations, roles, and identities relevant to the achievement of program outcomes and analyze data for gender-based constraints and opportunities that may affect, impede, or facilitate program objectives. To get an overview of the social, economic, political, and institutional context of gender in this country, you will need to review national statistics and key research linking the relative circumstances of men and women to the social, economic, and political situation of the country. The analysis should also identify trends and emerging issues that USAID may take up in the future.

A good resource for this work is the Interagency Gender Working Group’s (IGWG) A Manual for Integrating Gender Into Reproductive Health and HIV Programs (chapters 4 and 5). Any existing gender analyses by USG players in this setting will also provide useful material to build on.

A review of materials and data should:

- Draw from published materials, program documents, and key informant interviews to get a broad overview of the significant social and economic roots of gender-related challenges to health and development in your country. Ask yourself and key professional colleagues you interview:
  - What do sex-disaggregated data say about patterns of disease and well-being? About access to resources? About practices such as marriage or female genital mutilation/cutting? About birth registration and school enrollment? How might these issues relate to women’s empowerment, their access to health services, the dynamics between men and women?
- Gather information about the framework of policies and laws in the country or region that may support and assist (or impede) the Mission’s achievements in gender equality and policy connections with health. Identify any gaps between the policies on paper and what is being done to implement them (policies not being translated from “legalese” into common vernacular or translated into minority languages, lack of political will, capacity of various Ministries, lack of community mobilization to support policies, etc.).
- Identify the strengths and weaknesses of government, donor, multilaterals (United Nations, World Bank, and others), the private sector, the media, and NGO representatives with regard to gender and health, and the opportunities for working with these groups to address gender inequalities and improve health. Ask yourself and key professional colleagues you interview:
  - What do you see as the major gender issues in health and sectors that affect health? In each relevant sector (e.g., health, education, agriculture, youth, women’s affairs/ gender, labor force), what are some of the major policies, laws, and regulations that might affect health? Do any policies and programs work to reduce legal and policy disparities affecting health?

Ultimately, this analysis should help you answer these questions:

- What are gender roles for men and women in this country? How do these roles differ among various ethnic and religious and geographical groups? How do they vary according to other differences, such as socioeconomic class, sexual orientation, and disability? How have they changed over time and how do they differ by age across the life cycle? What are the experiences of transgender individuals?
- What do the major social, economic, and political indicators tell us about gender inequality in this setting? What are the most acute inequalities?
- What are the links between these gender norms and inequalities and the health outcomes of interest?
When writing up a gender assessment report, this analysis of national data and policies should be placed at the beginning as background on the circumstances that contribute to shaping health.

**STEP 2. REVIEW ACTIVITIES AND PROGRAMS CURRENTLY BEING SUPPORTED BY THE MISSION AND OTHERS**

This step involves a review of documents and workplans of the Mission, USG partners, and other major institutional players in this setting, as well as conversations with key informants on how these programs relate to one another. The review should begin with a look at the Mission’s strategy documents and reports for its strategic priorities and how these have guided its work to date. The document and workplan review should provide answers to the following key questions:

- What are USAID’s strategic priorities for the sector, and do they align with government priorities?
- What are the opportunities to redress gender gaps, promote women’s empowerment, and constructively engage men in each strategic priority? Which programs have responded to these opportunities?
- What are potential best practices for addressing gender-related constraints and opportunities?
- How are gender constraints and disparities described, discussed, and related to USAID’s strategic priorities? How is an awareness of opportunities and best practices for addressing these disparities reflected in USAID’s program portfolio?

The purpose of this effort is to describe or map out, as completely as possible, what USAID’s current programming in health and gender looks like in this setting. Be sure to build on existing gender assessments, and, of course, to review all Mission documents on its programs and partnerships. To obtain a clear sense of the range of programs and the contributions each makes to health and gender equality, interviews should be conducted with USAID staff. The USAID staff interviews will help you identify other key informants to interview, types of projects to learn more about, and potential field sites to visit.

Below are sample questions to help guide your interviews with different types of key informants. The questions are meant to be illustrative; additional questions will also arise during the various interviews in different contexts. It is important to be flexible and allow for follow-up questions and probing that will provide more in-depth understanding.

**Substantive questions for USAID staff on gender issues and USAID’s response**

- What are the key gender issues that USAID is addressing in its current portfolio? What gender issues are you planning to address in upcoming programming?
- Are there gender issues that differ for men and women by age, geographic location, ethnic group membership, etc.?
- What do you see as the major gender issues in the sectors in which USAID plans to work/in health? What do you see as the key work USAID needs to carry out on gender to accomplish its health and development objectives?
- What are USAID’s strengths in addressing the links between gender and health, and who are USAID’s key partners?
- How and by whom is gender inequality and health being addressed now (if it is being addressed)?
- Which donors work on gender and/or women’s issues in this country?
- Who is seen as providing the major “push” on gender in the country? Donors? The government? Citizens? Coalitions?
- Where have you seen progress in addressing gender inequalities? Are there any programs that provide especially strong examples and model good practices?
- Which NGOs work on gender issues with women and men? What are they doing? As a group, are the NGOs seen as high in capacity in this setting? Which are the strongest?
- What is the host government’s architecture on gender, i.e., what are the major offices that handle gender issues in the executive and legislative branches of the government? How committed and how powerful are these offices?
- What is the status of the major pieces of legislation related to gender in the country that form the context for USAID’s work, and what is missing?

**Questions on USAID’s capacity to address gender issues in its health investments**

These questions cover the context of specific programs supported by USAID and assess USAID’s capacity and commitment to gender in its work.

- Is there any Mission Order on gender? What objectives/priorities have been articulated at the Mission level to promote gender equality in your programming?
- Is there a designated Gender Advisor (GA) or Gender Point of Contact in the Mission?
  - What are his or her duties with respect to gender? Are these duties formalized in work objectives or workplans? Does this person have expertise in gender? How much time does the GA spend working on gender issues, as opposed to other responsibilities? How much support does the GA provide to the health team?
  - Are staff members rewarded for ensuring that gender gets integrated across the program portfolio?
  - Has Mission staff received any gender training? How does the Mission ensure technical capacity in how to conduct a gender analysis across offices and staff at the Mission and to respond to gender assessment findings?
To obtain a fuller understanding of USAID’s current and potential institutional partners working on gender in this setting, you will need to ask some questions of implementing partners, at the level of headquarters and field offices.

Questions for implementing partners

• In your work in this sector overall, what would you say are the major gender issues impacting both women and men? Have these been changing over time?
• Please give a brief overview of your program. Does it include any components that are specifically designed to address gender inequalities?
• When you submitted your original proposal to USAID, were you asked to address specific gender issues, or more generally to identify gender issues in your proposal?
• During the design of this program, how did you identify gender issues that were likely to impact your program or the ability of men and women to achieve equal outcomes as a result of participating in the program?
• Have you identified gender issues as the program has been implemented? If yes, how have you addressed these?
• Is there a gender working group at the Mission? Are there any cross-donor working groups on gender in which USAID participates?
• To your knowledge, were any concrete changes in procedures instituted after the last gender assessment was done at this Mission?

Questions for other USG partners including Centers for Disease Control, Department of Defense, Peace Corps, and others

• What are the key gender-related obstacles to health you believe should be prioritized in this setting?
• What are the major contributions to overcoming these obstacles in the donor and government work on health in this setting?
• How effective do you think USAID’s efforts to address these gender challenges in its health portfolio are? What do you think are the strong points of USAID’s work in gender and health? How do you think USAID could strengthen its efforts to overcome gender inequalities?
• What work is your agency doing to address gender disparities in health and development? Are there complementarities in the way USAID is working on these issues?

Questions for other donors (bilateral and multilaterals, private foundations)

• What do you believe are the key gender-related obstacles to health that need to be addressed in this setting?
• What are the major contributions to overcoming these obstacles in the donor work in this setting? Who is making those contributions?
• What is your view of USAID’s efforts to address gender challenges in health, and how do you think they could be strengthened?
• Is there any coordination or division of labor going on among donors working to address gender inequality?

Questions for the field offices of implementing partners (some questions may differ from those for headquarters)

• What aspects of the relationships between men and women stand in the way of good health?
• Have you found ways to respond to these challenges? What are some of the ways you are addressing gender in your programs?
• What additional work do you think you could do to address gender in your health programming?
• What factors, if any, stand in the way of your implementing these ideas?
• What aspects of your gender programming are recognized by USAID? What aspects are you reporting on? What other activities would you like to highlight in your reporting?

• How could USAID support you more fully in your efforts to address the gender inequalities that harm the health of men and women?

It is also essential to pose some key questions to government representatives in relevant and partner ministries. These might include the Ministries of Health, Education, Women/Gender Affairs, Youth, Agriculture, and others, depending on the issues in this setting. Here are some questions that might provide insight into their understanding of gender and its relevance to their work:

Questions for government partners

• In your work in this sector overall: What would you say are the major gender issues impacting both women and men? Have these been changing over time?

• What are the policy frameworks that guide your work? How do they address gender? Do you see a need for policy change, or have you been working to develop new policies that address gender equality and improve health?

• Please give a brief overview of your Ministry’s work in [area of interest]. Does the program include any components that are specifically designed to address gender inequalities?

• How do you see USG programs addressing gender issues? What do you see as some of the noteworthy successes? What other gender issues should the USG focus on?

• Have you identified gender issues as the program has been implemented? If yes, how have you addressed these?

• Is there someone on your staff who is responsible for overseeing gender integration across your organization’s portfolio?

• What is the sex ratio of the employees in your organization? At the leadership level?

• Can the government share any “good practice” examples with respect to gender integration?

Questions for program beneficiaries

• How has this program affected your health and well-being?

• How has your community (men? women?) responded to this program? What are some of the health challenges women in your community face? Men?

• How do you think the program could respond to these challenges? Do you think the program could do more than it does to respond to the health problems that men and women face?

These questions should be fielded with about 8-10 USAID staff, 3-4 other donors, 15-20 program implementing partners, and 5-10 government representatives. (These numbers will vary, but these are reasonable targets to aim for.) The answers form the basis for describing USAID’s investment portfolio and the context for its partnerships and strategic emphasis.

STEP 3. ASSESS PROGRAMMING GAPS IN CURRENT INVESTMENTS THAT ADDRESS THE GENDER-RELATED CONSTRAINTS TO HEALTH

The next step in the gender assessment is to determine what are the gaps—what needs to happen to address the gender inequalities that contribute to poor health in this country. If, for example, child marriage is a widespread problem yet no programs are working to end or mitigate the practice, a gap exists and programs need to address it. If programs on gender-based violence are working only with victims of violence and no effort is being made to prevent violence, this also would be a gap in programming.

An effective way to organize this analysis is to array the main forms of gender inequality that pose obstacles to health at the individual, community, and institutional levels. Then map out what is happening at the policy and programmatic level to address these challenges. The IGWG’s Gender Manual chapter three, which discusses the Gender Continuum, will be useful for this process. The Gender Continuum describes how to assess whether gender has been appropriately and effectively integrated into programs. It provides useful advice and illustrative examples for how to address gender differences and unequal power relations in the context of health program design and implementation. The important concepts to bear in mind are:

• Gender Blind programs do not recognize, or may even ignore, local gender differences, norms, and relations in program/policy design, implementation, and evaluation.

• Gender Aware programs explicitly recognize local gender differences, norms, and relations and their importance to health outcomes in program/policy design, implementation, and evaluation. These programs fall into three categories:

  1. Gender Exploitative approaches to program and policy implementation take advantage of gender inequalities, behaviors, and stereotypes in pursuit of health and demographic outcomes. The approach reinforces unequal power in the relations between women and men, and potentially deepens existing inequalities.

  2. Gender Accommodating programs approach project design and implementation in ways that adapt to or compensate for gender differences, norms, and inequities. These approaches do not deliberately challenge unequal relations of power or address the underlying structures that perpetuate gender inequalities.

  3. Gender Transformative programs and policies explicitly engage women and men to examine, question, and change institutions and norms that reinforce gender inequalities, as well as strengthen institutions and norms that support gender equality, and as a result achieve both health and gender equality objectives.

Once you have documented the key gender inequalities that undermine health and gained a firm understanding of USAID-supported programs and how they respond to these gender-related constraints and opportunities, it should be quite straight-
forward to assess where the programs fall along this continuum. USAID’s programs should never be gender exploitative, and should try to go beyond simply accommodating gender-related constraints. USAID programs should ultimately aim to be gender transformative.

**STEP 4. MAKE RECOMMENDATIONS FOR FUTURE PROGRAMMING**

After gaps and opportunities have been identified, it is time to make recommendations for USAID’s programming. How can the portfolio be strengthened, adjusted, or expanded to address some of these gaps and to more effectively integrate gender into its programming on health? At this point, identify key trends and emerging issues that have the potential to shape future programming for USAID, including:

- Results (and associated indicators) that could be incorporated into program planning and activity design.
- Supportive strategies (such as the GHI principle on women, girls, and gender equality; PEPFAR’s gender strategy; National Action Plan on Women, Peace and Security; CTIP, etc.) and national resources, including activities or initiatives by other donors, host country government institutions, and civil society groups, and any possible areas of collaboration or partnership.
- Specific activities related to gender equality that should be continued in the country program and particular issues that need to be targeted to achieve gender equality and women’s empowerment.
- Resources required to strengthen the gender equality dimensions of the country program, including human resources, training, and additional planning/design tools.
- Anticipated areas of resistance or constraints, and how to cope with these.

How should constraints and opportunities be prioritized, and what is the best way to translate these into concrete recommendations? Table 1 (page 9), adapted from the Gender Manual (page 31), lays out a structure and example to follow. The first column lists critical constraints and opportunities that emerge from your review of gender-related data and interviews. The second provides a space to note high-level objectives that flow from and address the constraints and opportunities. The third column reflects concrete activities that build on the objectives and address the constraints and opportunities in program development. The last column lays out indicators that capture the impacts on health outcomes (e.g., exposure to health messages) and on the gender-transformative component (e.g., openness to women as reliable sources of health information) of the intervention.

Table 1 uses HIV testing, treatment, and PMTCT to illustrate the analysis, planning, activities, and indicators that make up a gender assessment. Table 2 (pages 10 and 11) focuses in greater depth on the content at the intersection of gender norms and inequalities and specific components of a gender assessment. It lays out the steps of a gender assessment (down the left side) and the levels at which gender norms and inequalities and their connections with health are experienced (across the top). The questions and suggestions are examples, some of them hyperlinked to excellent resources on that topic. This table does not attempt to provide a complete inventory of contents to be considered in every cell.
### Critical constraints and opportunities

- Women and men have limited access to information.
- Men believe, incorrectly, that by the time of pregnancy, it is too late for their partners to be tested for HIV or to receive care and treatment.
- Men may be open to information on counseling from male health care providers.

### What gender-integrated objectives can be included in strategic plans to address gender-based opportunities or constraints?

- Make channels of information about PMTCT more accessible to men and women using preferred communication medium as identified by men and women.
- Increase support among both women and men for both sexes to be able to share health information within the household.

### What proposed activities can be designed to address gender-based opportunities or constraints?

- Use both male and female peer educators to inform about value of HIV testing, antenatal treatment, and postnatal care, and to recommend infant feeding practices.
- Use both male and female peer educators to develop messages and foster critical reflection and skills-building that support women’s ability to share health information and to promote sharing of health decisionmaking.

### What indicators for monitoring and evaluation will show if the gender-based opportunity has been maximized or the gender-based constraint removed?

- # men and of women who have been exposed to health messages from peer educators.
- # men and women who believe that women are reliable sources for health information.
- # women who report having introduced health information into household.
- # men who report their female partner introduced information into household.
- # men and women who know benefits of testing, PMTCT, and infant feeding practices.
## TABLE 2
Summary of Questions to Guide an Assessment of Gender and Health

<table>
<thead>
<tr>
<th>Levels at which gender plays out in health, and programmatic goals</th>
<th>Individual access and control over resources</th>
<th>Gender norms (attitudes and practices) in the household and community</th>
<th>Institutions and policy environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps of a gender assessment</strong></td>
<td>Reduced inequalities between men and women in access to and control over social and economic resources (including health).</td>
<td>Increased capacity to make decisions free of coercion or the threat of violence.</td>
<td>More equal participation of women with men as decisionmakers.</td>
</tr>
<tr>
<td><strong>Step 1: Analyze the gender circumstances of women’s and men’s lives in a given context, and how gender inequalities affect outcomes of interest.</strong></td>
<td>What are the gendered inequalities affecting the health of women and men? How does gender relate to economic growth, democracy and governance, health, and education in this setting? Use aggregate/macro indicators to highlight the realities in each sector. What are the most prominent gender inequalities in this setting? If an interviewee had to prioritize in order of their impact on health, how would he or she rank them?</td>
<td>What are gender roles for men and women? How do they differ among various ethnic and religious and geographical groups? How have they changed over time and how do they differ by age? How do they vary according to other differences, such as socioeconomic class, sexual orientation, and disability? What are the experiences of transgender individuals? To what extent are women (and men) able and allowed to make decisions regarding their own health? Does gender-based violence keep women from obtaining health services? How are health practices shaped by gender roles? What are the gendered cultural constraints to and supports for health? What “positive” gender relations exist here that could be strengthened to achieve gender equality? Are there spaces in which men and women interact in more equitable ways? Are there leadership positions women already occupy? Are there ways in which men already support gender equality?</td>
<td>Do women/girls and men/boys have access to basic and appropriate health services at the facility level? How do women’s and men’s participation and leadership in health and public life differ? What is the status of the major pieces of legislation related to gender in the country and what is missing? How do laws, policies and regulations treat men and women differently and affect their lives and health?</td>
</tr>
</tbody>
</table>

Table 2 continued on next page
<table>
<thead>
<tr>
<th>Levels at which gender plays out in health, and programmatic goals</th>
<th>Individual access and control over resources</th>
<th>Gender norms (attitudes and practices) in the household and community</th>
<th>Institutions and policy environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced inequalities between men and women in access to and control over social and economic resources (including health).</td>
<td>Increased capacity to make decisions free of coercion or the threat of violence.</td>
<td>More equal participation of women with men as decisionmakers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transformed gender norms that value men and women equally.</td>
<td>Reduced gender-based disparities in rights and status.</td>
<td></td>
</tr>
</tbody>
</table>

### Steps of a gender assessment

#### Step 2: Review activities and programs currently being supported by the Mission and others.

<table>
<thead>
<tr>
<th>How are programs addressing gendered differences in access to health services?</th>
<th>Are the Mission’s health programs monitoring and addressing GBV?</th>
<th>What policies and programs work to reduce gendered legal and policy disparities affecting health?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are health programs linked to programs that reduce inequalities between men and women in access to and control over social and economic resources?</td>
<td>Does the Mission or any other donor work with men to change harmful gender norms?</td>
<td>How and by whom are gender issues being addressed now (if they are being addressed)? Which donors work on gender and/or women’s issues in this country?</td>
</tr>
<tr>
<td></td>
<td>Are Mission-supported health programs promoting individual and community attitudes and behaviors that value women and men equally?</td>
<td>Which NGOs work on gender issues with women and men? What are they doing?</td>
</tr>
<tr>
<td></td>
<td>Are these health programs linking with others that address gendered social norms?</td>
<td>How are health programs linking with legal and other services (social networks, educational and economic opportunities, etc.) that respond to GBV?</td>
</tr>
</tbody>
</table>

#### Step 3: Assess programming gaps in current investments that address the gender-related constraints to health.

<table>
<thead>
<tr>
<th>Where are there barriers to health that have not been addressed by the existing programmatic portfolio?</th>
<th>What are best practices from the country or region for addressing specific gaps?</th>
<th>Gender constraints and disparities as they relate to strategic priorities above.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the underlying reasons for the gaps in programming? What processes, resources, or capacity need to be in place to address these gaps?</td>
<td>What are USAID’s strategic priorities for the sector, and their alignment with government priorities?</td>
<td>What are the opportunities to address gender gaps and promote women’s leadership in each strategic priority? How has USAID responded to these opportunities? Where are there gaps? What do you see as the key work USAID needs to carry out on gender to accomplish its health and development objectives? Is USAID currently investing in this area?</td>
</tr>
</tbody>
</table>

#### Step 4: Make recommendations for future programming.

To close the gaps identified above, what are the steps USAID should take in each of the following areas? The typical areas in which recommendations should drive concrete changes in programs and institutional priorities include:

1. Priorities for future investments
2. Institutions to partner with
3. Steps to achieve buy-in, from others in Mission and from external partners
4. USAID staff responsible for following up on specific recommendations
5. Systems and training needed to take these recommendations forward
6. Guidance for RFP process
7. Monitoring, evaluation, and operations research with some indicators
8. Emerging issues to track
9. Other strategies as they emerge
III. Beyond the Four Steps: Ensuring the Gender Assessment Drives New Programs, Procurement, M&E, and Training

Congratulations, you have completed your gender assessment. But one key question remains: Will the key recommendations be adopted by the Mission, thereby contributing to improved outcomes in health and gender? To ensure that the answer to this question is yes, there are a few steps you can take toward integrating the results of the gender assessment into the Mission’s Strategic Plan, its Results Framework, and its procurement processes (see Box 5) so that the findings will be implemented throughout the program cycle.

STRATEGIC PLAN

Fulfilling USAID’s commitment to reducing gender inequality is the responsibility of the entire Agency, and in the context of this guide, of every person working on health. Three specific questions to guide integrating gender into the strategic plan could be helpful:

- What are the opportunities for reducing gender gaps within each strategic priority?
- What are the opportunities for promoting the leadership of women in each strategic priority?
- Which gender constraints and disparities must be reduced to achieve desired development outcomes?

For a clear understanding of every juncture at which gender needs to be addressed in the planning and implementation process, see the institutional roles laid out in the USAID gender integration matrix. An effective gender assessment must support the Mission’s work at each of the following stages:

**Strategy Stage**

- Mission strategy development and planning (including the CDCS or PEPFAR COP/ROP)

**Procurement Development Stage**

Conceptualization and procurement planning

- Creating the program description/statement of work and evaluation/selection criteria. Good materials exist on how to develop scopes of work. See Sample Scopes of Work for Gender-Related Analyses and Training: Additional Help for ADS Chapter 201.
- Technically evaluating proposal—Guide for Incorporating Gender Considerations in USAID’s Family Planning and Reproductive Health RFAs and RFPs

**Project Implementation Stage**

- Start-up phase
- Ongoing project oversight (including M&E systems and Performance Plan Reports (PPRs)

The gender assessment has helped identify and make decisions on key program strategies and activities to address gender-based constraints and opportunities. These now need to be integrated into the Mission Strategy. Program objectives need to be revised or developed to increase their attention to gender. Often a simple restating will strengthen the synergy between gender and health goals. In Mission strategies, gender is likely to be addressed in the Results Framework at the Intermediate Result or sub-Intermediate Result level. It is likely that the Mission’s capacity to address gender equality and women’s empowerment in its work on health will need to be strengthened. For training and staffing suggestions in order to increase Mission capacity in this area, see Chapter 5, Steps 2 and 3 of the Gender Manual.

---

**BOX 5**

Taking the Gender Assessment into Procurement, Planning, and Results

- **Procurement processes**: Structure RFAs and RFPs so that grantees design program approaches, interventions, monitoring and evaluation strategies, and activities to support achievement of health and gender equity objectives.
- **Strategic planning**: Examine program objectives for their attention to gender constraints and opportunities; restate objectives so that they strengthen the synergy between gender and health goals; identify participants, clients, and stakeholders.
- **Results framework**:
  - **Monitoring**: Develop indicators to measure gender-specific outcomes, especially the alleviation of gender-based constraints and application of opportunities. Collect baseline data on impact indicators and regularly monitor process indicators.
  - **Evaluation**: Collect end-line data and analyze differences between baseline and end line to assess the effectiveness of program elements designed to address gender issues. Re-examine gender analysis, identifying any constraints not anticipated at the beginning, and adjust design and activities based on monitoring and evaluation results.

Adapted from Caro, D. *A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action, 2nd edition* (PRB for the IGWG: Washington, DC, 2009.)
MONITORING AND EVALUATION AND THE MISSION RESULTS FRAMEWORK

For monitoring, the Mission will need to develop and track indicators that measure health and gender-specific outcomes. For evaluation, the Mission will need to measure progress and impact of programs and policies on health and gender equity. In order to ensure the implementation of the gender assessment, design and activities may need to be adjusted based on the results of monitoring and evaluation, and certain aspects of the program may need to be reworked in order to contribute to more equitable health and gender outcomes (see Box 6).

One common challenge is to ensure that equitable and improved outcomes in both health and gender are integrated into the monitoring and evaluation system. Chapter 5 of the Gender Manual provides excellent guidance on how to think through developing monitoring and evaluation for programs. It highlights key dimensions of monitoring and evaluation:

- **Monitoring**: Develop indicators to measure gender-specific outcomes, especially the alleviation of gender-based constraints and application of opportunities. Collect baseline data on impact indicators and regularly monitor process indicators.

- **Evaluation**: Collect end-line data and analyze differences between baseline and end line to assess the effectiveness of program elements designed to address gender issues. Re-examine the gender analysis, identifying any constraints not anticipated at the beginning and adjusting design and activities accordingly.

For a first-rate framework and inventory of indicators, see A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming. This takes you step by step through constraints and opportunities and how to address them.

Missions often need support in applying what they learn from gender assessments to integrate these insights into their monitoring and evaluation systems. Ongoing project oversight includes monitoring and evaluation. The gender indicators should map onto the Mission’s overall Results Framework, to measure the progress and impact on the gender constraints and disparities identified for each sector above.

**BOX 6**

**Integrating Findings Into Program Design and Monitoring and Evaluation: An Example**

The data collected during the gender assessment reveal that rural women have a preference for natural family planning (NFP) methods but have very little knowledge of their fertility cycles. In addition, rural men are the main decisionmakers about the timing of sex with their wives. USAID FP programming offers a diverse FP method mix and FP CBD workers are respectful of informed choice. However, assessment reveals they are biased toward modern methods, do not give information about natural methods, and do not believe that rural community members have the capacity to understand their fertility cycles or to manage a communication-intensive method, given their husbands’ dominance in decisionmaking.

The gender assessment report should then include recommendations to prioritize the introduction of NFP methods, couple counseling, and fertility awareness education to address this gap in programming. As one step in implementing this recommendation, the Mission may decide to hold a stakeholders meeting to revise the CBD curriculum and to develop indicators for inclusion into the FP programming M&E system that would collect information about NFP uptake, fertility knowledge, and shared decisionmaking.

**PROCUREMENT PROCESS**

Integrating gender assessment results into the procurement process is mandatory, so that contractors know they will have to address gender norms and inequalities throughout their projects. A guide for integrating gender into USAID RFAs and RFPs on reproductive health that is broadly of interest for the health sector can be found in the IGWG publication Guide for Incorporating Gender Considerations in USAID’s Family Planning and Reproductive Health RFAs and RFPs. Annex IV provides suggestions for strategies in assessing whether proposals address gender inequalities in their efforts to improve health.
IV. Conclusion

This guide has taken the reader through the four steps and necessary followup for conducting a gender assessment and for making recommendations to ensure application of assessment findings in the future health sector work of the Mission.

The gender assessment requires first an analysis of the realities of men and women and how gender norms and relations affect key health outcomes. It next requires a review of activities and programs in health and gender being supported by the Mission and others. These two sources of information should be combined to identify programming gaps in USAID’s investments in health. The process concludes with recommendations for future programming.

But the gender assessment should never stop here. Without specific input into the strategic plan, Mission results framework, or the procurement process, the gender assessment could quietly disappear as quickly as it came along. Affecting these key structures and processes requires getting solid buy-in and commitment from the Mission.

The institutional intention to address gender in health programming does not automatically mean that everyone within USAID and its partners are fully on board. Moreover, even if staff members are keenly committed to working on these issues, they may not always have the capacity to integrate gender as fully into their health agenda as they might like. Responsible management of the process also requires cultivating gender expertise at the local level, and often technical experts need to participate in this process. Yet, even when USAID hires expert consultants, its staff in general need to be knowledgeable and fully on board. This is especially true in monitoring and evaluation to ensure that results and reporting reflect this commitment to gender equality.

This will likely require continued awareness-raising and training of USAID staff on why gender is so important to health and other outcomes, on all of the points presented in this gender assessment guide, and on how we assess the success and impact of our programs.

Gender assessments contribute to the vision of healthy and just societies—societies where the differences between men and women and the social expectations that shape their lives are not allowed to impede their health. It is imperative that a gender assessment does not become a dusty report on the shelf, but is transformed into living guidance for programming and planning. A competent and well-written gender assessment conducted and institutionalized makes a long-term contribution to improving the lives of men and women, boys and girls around the world.
Annex I

COUNTRY DEVELOPMENT COOPERATION STRATEGY (CDCS)

CDCS is a high-level source of concrete gender guidance in USG-funded programming. A CDCS is a five-year strategy that supports U.S. foreign policy priorities, focusing on both USAID-implemented assistance and related USG nonassistance tools. It ensures strategic alignment with host country development priorities and promotes mutual accountability. All bilateral missions and regional platforms are required to develop a CDCS by the end of FY 2013, with one exception being those that are implementing a single-sector program, such as health.

The CDCS process implements the Quadrennial Diplomacy and Development Review (QDDR) and the Presidential Policy Directive on Global Development (PPD-6), whose purpose is to structure strategic planning to define development objectives and maximize the impact of development cooperation. The Bureau of Policy, Planning, and Learning (PPL) is collecting and posting resource materials including approved CDCSs, results frameworks, local stakeholder outreach models, best practices to incorporate gender equality, assessment tools, and learning approaches on USAID’s ProgramNet.

Requirements: As stated in the Automated Directives System (ADS), Missions are required to undertake gender, tropical rain forest, and biodiversity analyses. Missions are required to address and provide evidence to answer a series of questions in their narrative, two of which deal directly with gender:

- Does the development objective (DO) reduce gaps between the status of males and females, enhance the leadership and expertise of women and girls, and meet their needs?
- Does the DO consider the particular issues associated with youth, minority groups, persons with disabilities, and lesbian, gay, bisexual, and transgender communities?

“The Mission must reference the assessments and evaluations used to reach significant conclusions in its CDCS. For example, a Mission should reference its gender analysis by being explicit about the roles, relationships, and dynamics between males and females and how these affect their needs, access to resources, ability to participate and make decisions, and the power relations between them.”
Annex II

POLICY AND INSTITUTIONAL MANDATES: GHI, FEED THE FUTURE, PEPFAR, PRESIDENT’S MALARIA INITIATIVE, BEST

The USG has established various institutional mandates and policies that explain how to operationalize attention to gender inequality in its work. A number of Presidential Initiatives provide concrete mandates for conducting a gender assessment. These include the Global Health Initiative, the President’s Emergency Plan for AIDS Relief, the President’s Malaria Initiative, Feed the Future, and BEST Practices at Scale in the Home, Community and Facility. The need to conduct a gender assessment will come up in the context of these areas of work. The Automated Directives System provides more process-oriented institutional guidance. Gender analysis is mandatory throughout these initiatives, and if you are not in USAID but still part of GHI you are still mandated to address gender.

The Global Health Initiative (GHI) is an important USG initiative with specific requirements to address gender in health programming. GHI is guided by seven core principles, the first of which is a focus on women, girls, and gender equality (see box). The Woman-, Girl- and Gender Equality-Centered Approach takes a comprehensive life cycle perspective on addressing the health of women and girls and promoting gender equality, working across development sectors. Through GHI, various USG programs will be better linked, including health, education and food security, democracy and governance, maternal and child health, family planning/reproductive health, and the President’s Emergency Plan for AIDS Relief. The 10 elements for promoting the Women, Girls and Gender Equality Principle are:

1. Ensure equitable access to essential health services at facility and community levels.
2. Increase meaningful participation of women and girls in planning, design, implementation, monitoring, and evaluation of health programs.
3. Monitor, prevent, and respond to gender-based violence.
4. Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.
5. Engage men and boys as clients, supportive partners, and role models for gender equality.
6. Promote policies and laws that will improve gender equality, and health status, and/or increase access to health and social services.
7. Address social, economic, legal, and cultural determinants of health through a multisectoral approach.

The Seven Core GHI Principles

1. Focus on women, girls, and gender equality.
2. Encourage country ownership and invest in country-led plans.
3. Build sustainability through health systems strengthening.
4. Strengthen and leverage key multilaterals and other partnerships.
5. Increase impact through strategic coordination and integration.
6. Improve metrics, monitoring, and evaluation.
7. Promote research and innovation.

8. Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls.
9. Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decisionmakers throughout the health systems, from the community to national level.
10. Strengthen the capacity of institutions—which set policies, guidelines, norms, and standards that impact access to, and quality of, health-related outreach and services—to improve health outcomes for women and girls and promote gender equality.

All GHI country strategies must be informed by a gender analysis, and GHI monitoring and evaluation plans should be designed to capture progress toward improving the health of women and girls and the promotion of gender equality. Please see the supplemental guidance on the Women, Girls and Gender Equality Principle.

The President’s Emergency Plan for AIDS Relief (PEPFAR) is a legislated initiative that is part of the Global Health Initiative. PEPFAR integrates a concern with gender inequality at various levels of its work. The PEPFAR Gender Strategy acknowledges the centrality of addressing gender norms and inequalities to reducing the vulnerability of women and men to HIV infection. It states that, “Gender-related disparities compromise the health of women and girls and, in turn, affect families and communities. PEPFAR focuses on women and girls—including adolescent and pre-adolescent girls—in planning, implementation, and monitoring and evaluation.”

Most important for this guide are PEPFAR’s identification of five areas of programmatic focus on gender inequality and gender norms as they affect HIV:
• Increasing gender equity in HIV/AIDS programs and services.
• Reducing violence and coercion.
• Engaging men and boys to address norms and behaviors.
• Increasing women and girls’ legal protection.
• Increasing women and girls’ access to income and productive resources, including education.

Programmatically, PEPFAR includes a significant initiative on Prevention of Mother to Child Transmission of HIV, and the Gender-Based Violence Response Scale-Up and Gender Challenge Fund, both of which promote the integration of attention to gender-based violence into HIV programs. PEPFAR has also collaborated on establishing the PEPFAR Gender Public-Private Partnership Together for Girls (TfG). This partnership brings together public, private, United Nations, and U.S. agencies to address sexual violence against girls. Finally, PEPFAR’s Gender Technical Working Group contributes to ensuring that considerations of gender are integrated into its programming.

The President’s Malaria Initiative (PMI) describes the linkages between sex, gender, and malaria in PMI and Gender. PMI appears not to call for a gender assessment per se, but its implementation strategies attempt to reduce gender-related vulnerability of women through a focus on pregnant women, behavior change communications to ensure that most vulnerable groups sleep under insecticide treated bednets every night, engaging non-pregnant women in spraying campaigns to generate income and social capital, and analyzing survey data to assess gender differences in vulnerability to infection and access to treatment.

Feed the Future treats gender integration as a focus area, integrates gender-based analysis into all of its investments, and helps partners address the negative impacts of women’s unequal access to and control over assets at all stages of the agricultural value chain. Given the evidence that when the status of women is improved, agricultural productivity increases, poverty is reduced, and nutrition improves, gender equality and women’s empowerment are prominent in Feed the Future hypotheses and strategies. The Feed the Future monitoring and evaluation system focuses comprehensively on tracking gender impacts through three approaches: 1) engendered performance monitoring, 2) gender-focused impact evaluations, and 3) the development and utilization of the Women’s Empowerment in Agriculture Index. Through these three targeted and diverse approaches, USAID will construct a robust and deep understanding of how Feed the Future has impacted women and men, and the dynamics between them.

BEST Practices at Scale in the Home, Community and Facility (BEST)

In 2009, the U.S. Government started a process under the Global Health Initiative to work with developing countries to strengthen their health programs, especially those targeting women and children. Part of USAID’s contribution to this inter-agency effort is called BEST. The program drives the development of country-specific strategic action plans focused on strengthening and integrating maternal, neonatal, child health, nutrition, and family planning into health services to improve health for women and children.
Annex III

MULTISECTORAL APPROACH

Although most published resources are “stovepiped” and focus on ways to improve specific health outcomes, many non-health interventions can help achieve desired health outcomes. Indeed, the case is increasingly strong that interventions such as educating and empowering women or encouraging men to question dominant gender norms can lead to a variety of improvements in health and well-being, even beyond those that are the focus of a given intervention.

As the GHI and various policies have recognized, gender and health should be addressed through linkages with other sectors. And at the same time, the links between health and gender equality should be taken into consideration in other sectors as well. Though funding continues to be stovepiped, the development arena is generally moving toward more integrated programming. To achieve health outcomes, the challenge of working multisectorally must be met. The cumulative deprivations arising from gender norms and inequalities harm everyone’s health, limiting access to health services and affecting the quality of the services received. As a consequence, working through the health sector alone to provide services does not necessarily ensure access and quality. Interventions in education, democracy and governance, infrastructure, food security, and other areas can contribute in important ways to the achievement of health.

Addressing gender inequalities likewise has implications for work across sectors. As women become more empowered, they may become more central to household decisionmaking, more strategic in their dietary and food preparation choices, more politically active in their communities, more insistent on schooling for their daughters, and so on. Likewise, as stigma decreases, stigmatized groups are freer to access the resources that are theirs by rights, and to seek legal recourse for any violations of their rights. This has implications for other sectors.
Annex IV

SUPPORT FOR ADDRESSING GENDER IN PROPOSALS

The key strategies the Guide for Incorporating Gender Considerations in USAID’s Family Planning and Reproductive Health RFAs and RFPs (page 12) suggests for addressing gender at the programmatic and proposal assessment levels are:

• Assess gender norms and the opportunities and constraints they pose to health. This is the main function of a gender assessment and should be reflected in proposals.

• Assess the potential impact of program goals and outcomes on gender equity. Again, this should be reflected in the proposed activities.

• Design projects that promote participation from project inception to evaluation. Participation provides richer information for program development and can improve knowledge, communication, and interpersonal relationships between health workers and clients.

• Select bids that demonstrate institutional commitment to gender equality and expertise. An organization or program should demonstrate that it takes gender inequality seriously in its staffing and staff requirements in order to compete in a bid.

• Design projects that empower communities to promote health and gender equality. Actively engaging communities in broad health and development goals generates improved health and gender outcomes.

• Design projects that promote a broad range of health services, including attention to gender-based violence. Preventing, recognizing, and responding to GBV makes important contributions to gender equality and health.

• Design projects that promote a multisectoral approach. This broad approach tends to address more effectively the gender-related factors that undermine health.

The Sample Evaluation Summary for proposals (on next page) is but one of the many tools provided in the RFA/RFP guide.
SAMPLE EVALUATION SUMMARY

Applicant: ___________________ Evaluator: ___________________

The following are illustrative evaluation criteria that can help assess the degree to which gender considerations have been integrated into a proposal. Depending on the context of the RFA/RFP, some suggestions may be more appropriate than others. Design teams should select those that are most applicable to their project, modify examples, and/or incorporate components of the suggestions below. They are meant to be used together with and in addition to other criteria specific to the RFA/RFP.

Max Possible Pts

A. Technical Approach

  Technical and creative merit of proposed plan for:
  - Achieving intermediate results, including creative integration of gender-sensitive strategies. ___( )
  - Monitoring and evaluation, including appropriate use of gender-sensitive methods and indicators.
    Overall Technical Approach ___( )

B. Personnel

  Successful experience among key staff and in:
  - Analyzing gender norms and designing activities that respond to the opportunities and constraints they create for achieving project intermediate results. ___( )
  - Applying participatory methodologies and ensuring stakeholder involvement among diverse constituencies from project inception to evaluation.
    Overall Personnel ___( )

C. Institutional Capability

  - Demonstrated institutional commitment to gender equity and expertise through
    continuous staff training. ___( )
  - Existence of gender-equitable organizational policies and procedures. ___( )
  - Demonstrated history of providing equitable opportunities for women at all levels of
    organizational management. ___( )

  Overall Institutional Capability ___( )

D. Past Performance

  - Level of technical expertise in RH program implementation and use of state-of-the-art approaches, including gender-sensitive strategies. ___( )
  - History of publications on gender issues in RH programs. ___( )
  - Successful history of working collaboratively worldwide with varied public and private institutions, including international and local organizations with proven gender expertise.
    Overall Past Performance ___( )

OVERALL TECHNICAL RATING ___(100)
### Annex V

**USEFUL RESOURCES ON INTEGRATING GENDER INTO SPECIFIC AREAS OF HEALTH**

| **FP/RH** | Addressing GBV from the Health Sector  
|           | RH Effects of GBV (UNFPA)  
|           | District integrated population and development project, India |
| **HIV**   | Communicable Diseases, Gender and Equity in Health  
|           | Research on violence and HIV  
|           | Stepping Stones evaluation  
|           | WHO tool on integrating gender into HIV programs |
| **MCH**   | Maternal health and transport in Africa  
|           | Integrating gender and sexuality into MCH  
|           | Example: Engaging men in India |
| **Tuberculosis** | Smear-negative TB in India  
|           | Tackling TB and HIV in Women  
|           | Communicable Diseases, Gender and Equity in Health  
|           | Multi-country study on gender and TB  
|           | Gender and cultural epidemiology of TB in 3 countries  
|           | TB-related stigma and gender |
| **Nutrition** | Gender and nutrition checklist  
|           | HIV/AIDS and Gender in WFP programs  
|           | Lawrence Haddad analysis |
| **Malaria** | Gender and Malaria  
|           | A Guide to Gender and Malaria Resources  
|           | Gender, Health and Malaria (WHO)  
|           | Gender Perspectives in Malaria Management |
| **Neglected tropical diseases** | Communicable Diseases, Gender and Equity in Health  
|           | Neglected Tropical Diseases: Equity and Social Determinants |
| **Noncommunicable diseases: Smoking, drinking, obesity** | The European Strategy for the Prevention and Control of Non-Communicable Diseases  
|           | Women and the Rapid Rise of Non-Communicable Diseases  
|           | Halting the rise of non-communicable diseases: An urgent priority for women’s health  
|           | Integrating Poverty and Gender into Health Programmes - Module on Noncommunicable Diseases: A Sourcebook for Health Professionals |
Annex VI

ADDITIONAL SELECTED RESOURCES

Useful Definitions

• IGWG Gender 101 online course glossary

Training

• The IGWG offers extensive training resources for building capacity on the linkages between gender norms, roles, and inequalities and health. Please see the training page of the IGWG website.

• See the training for the Development Leadership Initiative (DLIs), Bureau for Food Security training for agriculture officers (available on USAID's Intranet).

Institutional Mandates

• Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle April 2011

• Guide to Gender Integration And Analysis, Additional Help for ADS Chapters 201 and 203

• PEPFAR guidance

• Gender Integration in USAID Bureau for Democracy, Conflict, and Humanitarian Assistance, Office of Food for Peace Operations: Occasional Paper #7

Integrating Gender Into Policy

Getting Gender on the Agenda in Human Resource Planning and Management in Zambia

Example of Completed Gender Assessment

India Gender Assessment 2010

Overall Guidance

Tips for Conducting a Gender Analysis at the Activity or Project Level

Additional Help for ADS Chapter 201:

• See page 2 for “what is a gender analysis?”

• See page 3 for relevant ADS guidance.

• See pages 6-8 for key questions you should be asking.

Note that time and space dimension is not included in recent effort to develop indicators.

IGWG Integrating Gender Manual, Interagency Gender Working Group

• Table 4.1 on page 23 maps well onto new indicator effort/matrix.

• Page 24 provides guidance for developing indicators and mapping onto strategic plan process.

• Page 72 provides a list of resources by health area.

Guidelines for the Analysis of Gender and Health, Liverpool School of Tropical Medicine (See especially Section 2).

Monitoring and Evaluation Resources

A Framework to Identify Indicators for Reproductive Health and Nutrition Programming, IGWG 2002

GEM scale