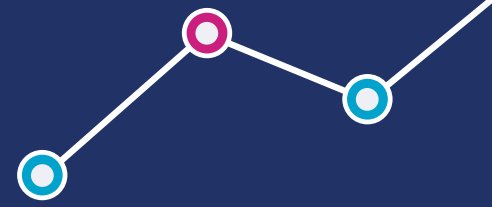


# MAGE

Monitoring and Action  
for Gender and Equity

Gender responsive  
monitoring and evaluation  
(M&E) for health programs,  
interventions, and reforms





## Gender responsive monitoring and evaluation (M&E) for health programs, interventions, and reforms

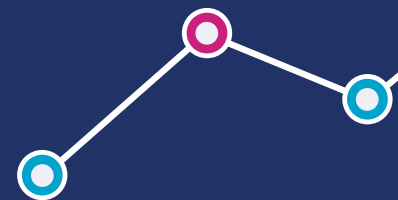
### Why is gender responsive M&E important?

Gender inequality is pervasive in all socioeconomic and political contexts, including within health systems. Gender inequitable power imbalances in health systems undermine progress toward intended reforms and improvements in health outcomes<sup>1</sup>. Moreover, when intended reforms and improvements do not consider gender inequalities within the health system, these inequalities can be perpetuated or exacerbated as health systems change and evolve. The purpose of monitoring and evaluating health programs is to track and support progress toward intended reforms and reach intended beneficiaries, as well as to assess whether intended outputs and outcomes have been achieved<sup>2</sup>. As a result, it is important that health programs, interventions, and reforms proactively address gender inequalities, and that monitoring and evaluation of these efforts track whether, and to what extent, the desired success is being achieved. If we do not measure gender inequality, we will not be able to address it.

### What is gender responsive M&E?

Gender responsive M&E applies a gender lens to M&E, and measures and evaluates the progress and success of gender dimensions integrated into programs, interventions, and reforms. Gender dimensions include needs, rights, and preferences, as well as gender power relations and systems, of and between women, men, and gender minority individuals. It also considers participation and representation of target groups within the development, implementation, and evaluation process. Each of these is described in greater detail below (**Table 1**). Since gender inequality and power relations systemically disadvantage women and girls, gender responsive M&E efforts most often need to prioritize assessing desired improvements in outcomes for women and girls. However, gender considerations can also be important in addressing outcomes for men, boys, and gender minority individuals. **The overarching aim of gender responsive M&E is to assess gendered health outcomes and movement toward gender equality. A secondary aim is to prevent, identify, and mitigate any unintended negative impacts.**

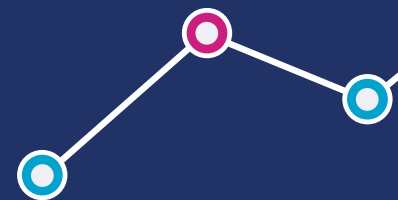




**Table 1: Gender dimensions incorporated within gender responsive M&E**

Gender dimension	Gender implications	Example: Increasing access to reproductive and maternal health services
Needs	<p>Considers <b>what women and girls need</b> in terms of health services, programs, and care. These include vital and essential services, such as maternal health care. In some instances, needs will be closely related to rights. While many needs are universal, some may be politicized (such as access to abortion or contraception for unmarried women). Careful consideration is therefore needed when applying a needs-based lens to ensure it is appropriate for the context. Preliminary work, such as a gender situational analysis, may be required to identify appropriate needs for integration.</p>	<p>Women's reproductive health roles require adequate reproductive and maternal health services.</p>
Rights	<p>Considers <b>what women and girls have a right to</b> in terms of health services, programs, and care. Gender equality and the right to health are fundamental human rights; the Sustainable Development Goals (SDGs) provide a platform for understanding each as a right. While there are universal human rights, these may not be applied consistently across contexts. Careful consideration is therefore needed when applying a rights-based lens to ensure it is appropriate for the context. Preliminary work, such as a gender situational analysis, may be required to identify appropriate rights for integration.</p>	<p>That Essential Health Services include maternal, reproductive, and newborn health care as a human right, and especially a right for women and girls since they are most in need of such care.</p>
Preferences	<p>Considers <b>what women and girls want or prefer</b> in terms of health services, programs, and care. Preferences not being met may act as a barrier to access and utilization. Preferences, however, will be context specific and may differ across different groups of women. Preliminary work, such as a gender situational analysis, may be required to identify appropriate preferences for integration.</p>	<p>Available reproductive and maternal health services may not be used or useful to women and girls if they do not respond to preferences on accessibility, quality, and life situation. This includes the availability of private examination and delivery rooms, women healthcare providers, and separate bathrooms for men and women.</p>





<p><b>Gender power relations and systems</b></p>	<p>Considers the <b>ways in which gender power relations and systems manifest as inequities</b> to affect differences in health and health system outcomes and experiences at all levels, such as through inequitable: access to resources; roles and practices; norms, values and beliefs; and decision-making power and autonomy (both formal and informal)<sup>3</sup>.</p>	<p>These include considerations at the individual, household, community, health system, and national level. At the individual and household levels, women may require permission from their male partners or head of household to access and utilize health services. While at the health system and national level, men often occupy the majority of leadership positions, and thus have a greater role in deciding health care expenditure and prioritization.</p>
<p><b>Participation and representation</b></p>	<p>Ensures <b>equal opportunity</b> across different groups, with a particular focus on target groups such as women and girls, to contribute to program, intervention, or reform design, implementation, and evaluation, including equal opportunity to contribute to decision-making processes and meaningful engagement.</p>	<p>Involving women and girls in the development and implementation of programs, interventions, and reforms ensures that their needs, rights, and preferences are considered.</p>

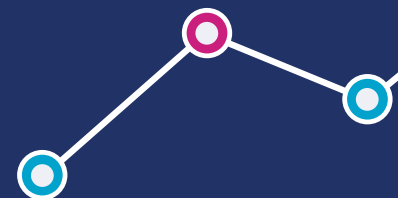
### Priorities for action

Gender responsive M&E considers gendered systems and assesses a combination of the following to inform and identify priorities for action:

- Needs, rights, and preferences of women and girls, boys and men, or gender minority individuals.
- Embedded gender inequalities in health and related systems, including gender inequities or barriers, that can affect a program's effectiveness or outcomes, such as barriers to access and utilization of health programs for women and girls.
- Meaningful participation and representation of target groups, including women and girls.
- Inequalities in outcomes between different groups, such as women and men, or poor women and richer women, or younger women and older women, or rural women/men and urban women/men.

There are three different types of gender indicators that can be incorporated within M&E systems and processes. These are: sex specific, sex disaggregated<sup>4</sup>, and/or gender power relations and systems. Each of these is described in **Table 2** below.





**Table 2: Types of gender indicators**

Indicator type	Description	Example gender responsive indicators (incorporate needs, rights, preferences, and gender power relations and systems dimensions)
<b>Sex specific</b>	<p>Pertain to only one sex/gender (e.g. females/women, males/men, or gender minority individuals), or subgroups among one sex or gender group.</p> <p>Increased gender responsiveness of sex specific indicators requires the incorporation of needs, rights, and preferences, as well as gender power relations and systems dimensions.</p>	<ul style="list-style-type: none"> <li>• Percentage of females/women receiving antenatal care that meets quality of care* standards.</li> <li>• Percent of family planning facilities offering females/women a choice of at least three contraceptive methods.</li> <li>• Incidence of disrespectful, neglectful, and/or abusive treatment from health care providers towards female/women patients.</li> </ul>
<b>Sex disaggregated</b>	<p>Measures differences between different sex and gender groups (e.g. females/women, males/men, or gender minority individuals), in relation to a particular metric.</p> <p>Increased gender responsiveness of sex specific indicators requires the incorporation of needs, rights, and preferences, as well as gender power relations and systems dimensions.</p>	<ul style="list-style-type: none"> <li>• Percentage of 15-19 girls vs boys with HIV/AIDS.</li> <li>• Percentage of female/women vs male/men beneficiaries of health insurance.</li> <li>• Percent of family planning facilities offering females/women and males/men a choice of at least three contraceptive methods.</li> <li>• Proportion of females/women and males/men involved in providing services and program implementation.</li> <li>• Percent of health facilities managed by female/women vs male/men supervisors.</li> </ul>
<b>Gender power relations and systems</b>	<p>Considers the ways in which gender power relations and systems manifest as inequities to affect differences in health and health system outcomes and experiences at all levels, such as through inequitable: access to resources; roles and practices; norms, values and beliefs; and decision-making power and autonomy (both formal and informal).</p>	<ul style="list-style-type: none"> <li>• Percent of health facilities managed by female/women supervisors.</li> <li>• Prioritization of maternal health care in Primary Health Care implementation plan and budget.</li> <li>• Inclusion of maternal health services in health insurance scheme.</li> <li>• Availability of policy against sexual harassment and discrimination.</li> <li>• Anti-bias and anti-discrimination recruitment and hiring policies and practices.</li> </ul>

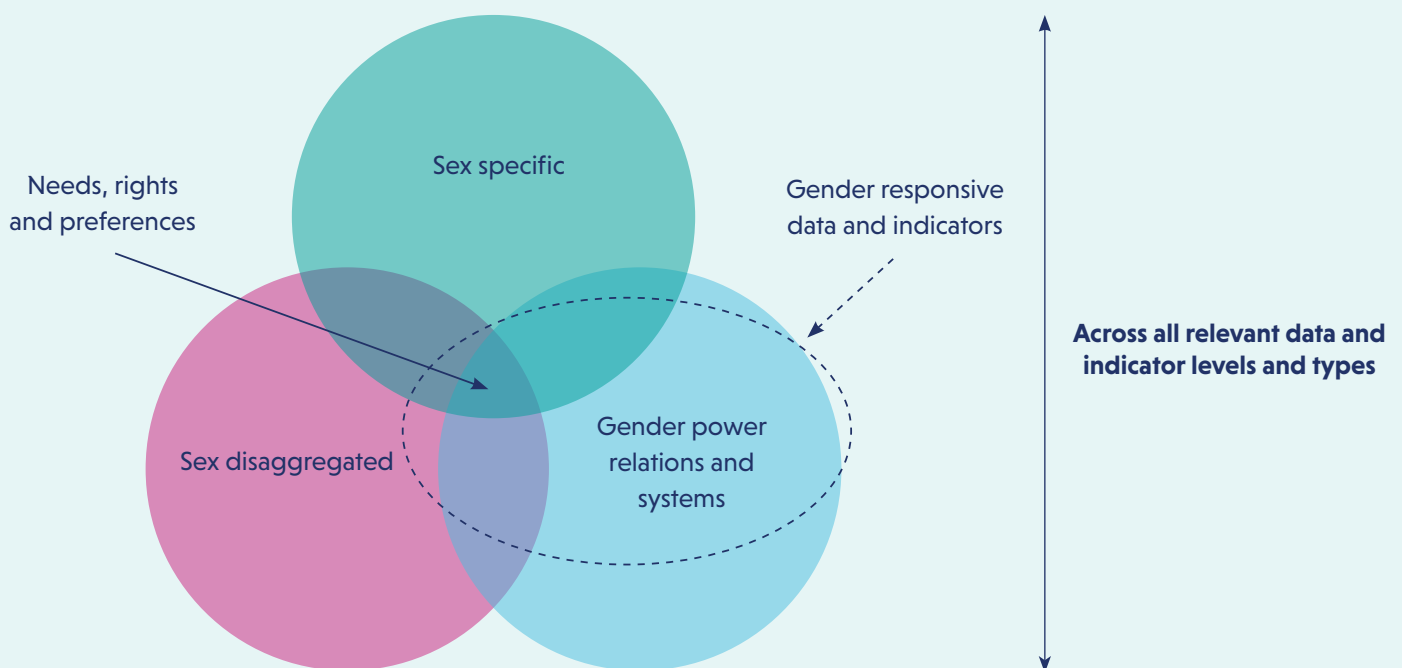
\*In the context of gender, quality of care refers to aspects of provision and experience of care which relate to a person's needs, rights, preferences, and gender power relations and systems in relation to: timeliness of care, adequacy of care, content of care, and patient satisfaction.

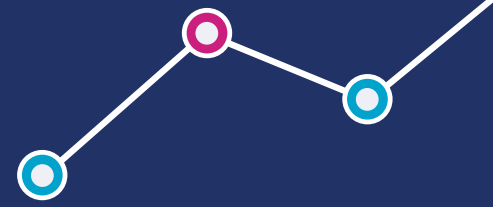




M&E that is gender responsive should seek to ensure that gender is integrated into data and indicators across different levels (e.g. contextual, systems, organizational, and programmatic) and indicator types (e.g. input, process, output, outcome, impact). **Figure 1** highlights the overlap between the types of indicators and data and ways in which gender can be integrated into these.

**Figure 1: Gender responsive data and indicators**

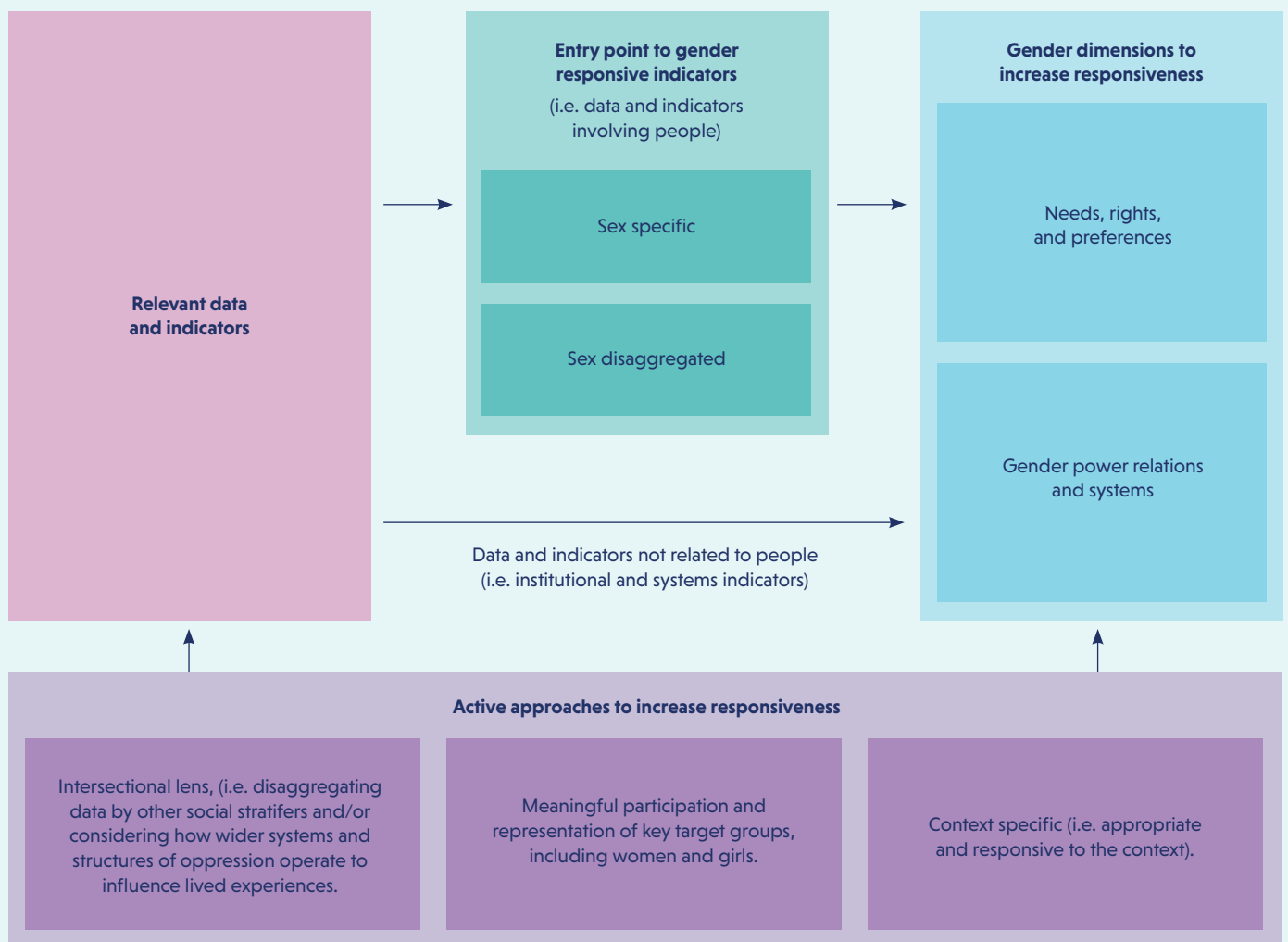


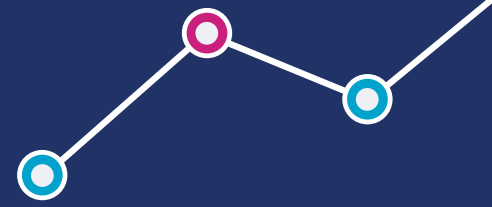


**Figure 2** (below) outlines considerations and activities to increase gender responsiveness into M&E. On the left are different levels of indicators (e.g. contextual, systems, organizational and programmatic) and type of indicators (e.g. input, process, output, outcome, impact). In the center are entry points to gender responsive indicators, which include sex specific and sex disaggregated indicators (note: sex specific and disaggregated indicators will not be relevant for all type of indicators, especially if they do not involve people). While sex specific and/or sex disaggregated indicators are important for facilitating a gender analysis, on their own they are not particularly gendered. On the right are gender dimensions that can be integrated into indicators (either sex specific

or sex disaggregated or other indicators) to increase their gender responsiveness. These include considerations of needs, rights, and preferences, as well as gender power relations and systems. Other approaches which should be incorporated alongside these gender dimensions include: using an intersectional lens which considers how sex and gender intersects with other social stratifiers to lead to different experiences of marginalization and disadvantage, or power and privilege; ensuring meaningful participation and representation of key target groups within the M&E process, including women and girls as either participants and/or data collectors, etc.; and, ensuring that gender integration activities are appropriate to the context.

**Figure 2: Towards gender responsive M&E**





## Deciding which gender dimensions and approaches to integrate into M&E

Which gender integration dimensions and approaches are incorporated into M&E will depend on several factors. These include the degree to which gender is already integrated into M&E processes; financial and human resources or other constraints, including cultural considerations; and what data are already available and/or whether data can be feasibly collected.

When determining which gender integration dimensions and approaches to incorporate, questions to consider include:

- Which systems level data and indicators are necessary to achieve impact at the individual/household/community level?
- Which organizational data and indicators are needed to create an enabling environment for gender integration and responsiveness within an organization or institution?
- Do sex specific or disaggregated data/indicators already exist within M&E processes (where relevant)?
- How much are needs, rights, and preferences already considered within data and indicators?
- Are gender power relations and systems dimensions already included? How can the inclusion of gender power relations and systems dimensions be increased?
- At which level or type of indicator would it make sense to integrate gender dimensions?
- To what extent is an intersectional lens incorporated into the data and indicators and how can this be increased?
- Is there meaningful engagement of key groups within M&E processes, including women and girls?
- Are the gender integration dimensions and approaches appropriate for and responsive to the context?

If M&E processes do not include sex specific or disaggregated indicators, then the inclusion of such indicators can make a significant impact on identifying gaps and inequities. If M&E processes already include sex specific or disaggregated indicators, then considerations for how needs, rights, and preferences, as well as gender power relations and systems, are integrated into existing or new indicators should be made. For example, while the percentage of women receiving antenatal care is an important sex specific indicator, as it does not incorporate considerations related to needs, rights, and preferences, it is limited in its gender responsiveness. The percentage of women receiving antenatal care that meets quality of care standards is more gender responsive as it takes into consideration the right to receive high quality care. Ideally, different types of gender integration dimensions and approaches should be integrated in M&E, which will help to increase the overall gender responsiveness of the program, intervention, or reform.

## Indicator prioritization

Decisions will need to be made regarding which gender indicators to prioritize. Overall, fewer well-measured indicators with the appropriate means of verification (definitions and data sources) are better than many poorly specified, unmeasurable indicators. It is important to select indicators which are closely aligned to program outcomes and impact, which ensure data can be used to inform decision-making and resource allocation. When choosing which gender indicators to include consider:







- What is achievable and feasible?
- What could lead to substantial change/impact?
- Which indicators are directly linked to program outcomes and impact?
- Which data gathering techniques or sources are most practical, timely, efficient, and affordable?
- What data sources and analyses already exist which can be leveraged?
- How can data and analytics support implementation, review, and learning related to key problems that program, intervention, or reform is likely to face?
- How can key target groups, including women and girls, be meaningfully engaged with in the process?
- Is a portfolio of indicators that span sex-specific, sex-disaggregated, and which incorporate needs, rights, and preferences.

## About the MAGE Project

The Monitoring & Action for Gender & Equity (MAGE) project is a partnership between Johns Hopkins University (JHU) and the Global Financing Facility for Women, Children and Adolescents (GFF), a multi-stakeholder global partnership housed at the World Bank that is committed to ensuring all women, children and adolescents can survive and thrive. Supported by the Bill and Melinda Gates Foundation, MAGE aims to advance and strengthen the capacity and execution of gender- and equity-intentional monitoring and evaluation and build sustainable systems and capacity for the use of data to improve gender equality and reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes for women, children, and adolescents in GFF partner countries and beyond.

## Suggested Citation

Morgan R, Decker MR, Elnakib S, Glass N, Hazel E, Igusa T, Kalbarczyk A, Luo A, Nakatabira M, Oladimeji A, Peters DH, Prihartono I, Tauseef H, Malhotra A. (2023) Gender Responsive Monitoring and Evaluation (M&E). Monitoring & Action for Gender & Equity (MAGE) project.

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