

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

By Margaret E. Greene



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A PRACTICAL GUIDE FOR MANAGING AND CONDUCTING GENDER ASSESSMENTS IN THE HEALTH SECTOR¹

The widespread realization that gender inequality affects the health of women and men in many ways has increased the call for gender assessments in the health sector. But what is a gender assessment? A gender assessment is a review of current programming to ensure that it promotes gender equality in order to achieve effective and sustainable development outcomes. This practical guide serves as a roadmap for carrying out and utilizing the results of a gender assessment in the health sector.²

I. Introduction

The unequal realities of women's and men's lives negatively affect their well-being, deny them their rights, and slow progress in many areas of development, including health. For example, when a girl does not have a voice in deciding if and when she will marry, she has limited chances to pursue other life opportunities, including education and employment, and it is likely that she will become pregnant before she is ready. Her lack of power in negotiating these vital life decisions can have dire consequences, not only for her own health, but also for the health of her children. Likewise, when a man has unprotected sex with

Gender refers to the roles, behaviors, activities, and attributes that society considers appropriate for women and men. In many societies, gender differences contribute to unequal access to, control over, and benefit from resources, opportunities, and services for women and men, and this gender inequality makes it difficult for individuals to influence key decisions that affect their lives, households, communities, and societies. For definitions of other gender-related terms, click [here](#).

Why Carry Out a Gender Assessment in the Health Sector?

- To understand the ways in which the unequal roles and opportunities in women's/girls' and men's/boys' lives impact health outcomes.
- To identify opportunities to reduce gender inequality in order to improve health outcomes.
- To ensure that health programming is contributing to gender equality at the same time that it is achieving health outcomes.

multiple partners, which many societies condone as a “normal” and expected part of manhood, his risky behaviors expose him and his sexual partners to a range of health conditions, such as sexually transmitted diseases and HIV/AIDS.

- 1 Margaret E. Greene, Ph.D., is the director of GreeneWorks and author of this guide. Thanks are due to many colleagues who generously offered their thoughts on the initial formulation of this guide, and others who provided input on one or more drafts. Michal Avni, Diana Santillán, and Charlotte Feldman-Jacobs were key to conceptualizing, shaping, and editing the document. Thank you also to Sylvia Cabus, Deborah Caro, Anne Eckman, Caren Grown, Julie Hanson Swanson, Karen Hardee, Mary Kincaid, Roray Narváez, Amelia Peltz, Sharon Phillips, Diana Prieto, Maryce Ramsey, Elizabeth Rottach, Susan Settergren, Rose Wilcher, and Monique Widono. Special thanks to Catherine Cozzarelli for her guidance and suggestions on concrete questions to ask in a gender assessment.
- 2 Throughout this document, the term “gender issues” will be used to refer to the disparities and constraints created by the unequal roles and opportunities that shape the lives of women/girls and men/boys; these issues vary in diverse cultural contexts.

These examples illustrate how gender inequality undermines health. On the flip side, research has shown that reducing the disparities between women/girls and men/boys, transforming the unequal power relations among them, and eliminating the barriers to their well-being are all key to achieving better health outcomes for both women and men, and for their families, communities, and countries.³

In recognition of the harmful effects of gender inequality, not only for health, but for all aspects of development, the United States government (USG) has established institutional mandates and policies that emphasize the importance of reducing the inequalities that exist between women/girls and men/boys. These new institutional mandates and policies recognize that it is necessary to promote gender equality in order to achieve development outcomes (see [new relevant policies](#) in Annex II).

USAID, for example, has strengthened requirements to integrate approaches and actions that advance gender equality across all sectors, as a fundamental strategy for achieving effective and sustainable development (see USAID's [new Gender Policy](#)). All USAID work must respond to the mandate of analyzing and addressing the unequal realities of women's/girls' and men's/boys' lives to improve programs and outcomes. This includes efforts under the Global Health Initiative (GHI), 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. (For more detailed information on the institutional mandates for addressing gender equality, see Annex II).

3 Rottach, E., S.R. Schuler, and K. Hardee, *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence* (Washington, DC: Population Reference Bureau for the IGWG, 2009).

What Is the Purpose of This Guide?

How does one comply with USAID's policies and mandates that demand a strategic focus on gender equality? What does it mean to conduct a gender assessment in the health sector? How do you get started? And how do you turn the findings into practical recommendations for USAID's work?

This document provides practical guidance for managing and conducting a gender assessment in the health sector. The guide lays out concise, user-friendly directions that are useful for USAID Mission staff as well as other USG partners in carrying out a gender assessment that gathers the necessary information about gender dynamics in a given setting to inform health programming. The objective of this guide is to enable USAID and other USG partners to collect and review gender data relevant to health, and use that information to shape health programming in order to promote gender equality and improve health outcomes.

The guide describes the steps required to manage and conduct a gender assessment, including sample questions and sources of information, all of which can be adapted within the context of USG structures and programming.

Who Is This Guide For?

This guide is intended for USAID Mission staff and other development partners who have decided to undertake a gender assessment of their health sector. Whether the reader is managing the process or actually conducting the gender assessment, this guide enables the user to identify the ways in which gender inequality affects the health of women/girls and men/boys, articulate the degree to which the Mission's and others' programming responds to those disparities and constraints, identify gaps and opportunities in current programming, and recommend a future course of action.

BOX 1

What Is the Difference Between a Gender Assessment and a Gender Analysis?

A **gender assessment** is a review of the current portfolio, with attention to the ways in which it is addressing the disparities and constraints in the lives of women/girls and men/boys. It examines whether or not current programming is adequately promoting gender equality to reach development objectives. Evaluating current programming from a gender equality perspective requires that one first conduct a broader **gender analysis** of the programming context. In other words, you must first know what gender dynamics exist in order to assess and realign current programming efforts, and plan and guide future project design, implementation, monitoring, and evaluation.

A **gender analysis** examines the social, economic, and political realities of women's and men's lives in a given setting—whether it is a village, a community, or a nation—and how gender inequalities affect development outcomes, including health. [The Automated Directives System \(ADS\)](#) requires that attention to gender issues be incorporated into planning and programming in an integrated way, including conducting and using the findings of a gender analysis (see Chapter 205). The findings from a gender analysis are used in different ways to achieve gender integration in planning and programming. For example, gender analysis results must inform the Country Development Cooperation Strategy (see Annex 1), guide the development of project designs, and shape project activities. The data from a gender analysis also provide key information that is necessary as a first step in conducting a **gender assessment**, as explained in this practical guide.

BOX 2

Summary of Four Steps of a Gender Assessment

1. **GENDER ANALYSIS:** Analyze the social, economic, and political factors that shape the lives of women/girls and men/boys in a given setting and how these gender inequalities affect health outcomes.
2. **PORTFOLIO REVIEW:** Review activities and programs currently being supported by the Mission and others to examine whether and how they are responding to the gender inequalities that impact health.
3. **IDENTIFICATION OF PROGRAMMING GAPS/ OPPORTUNITIES:** Assess current investments to determine whether current programming is adequately addressing the key gender issues that limit improved health outcomes and determine where programming could be strengthened.
4. **PROGRAMMING RECOMMENDATIONS:** Make recommendations to improve current programming, guide future investments, and inform future project designs, implementation, monitoring, and evaluation.

A significant measure of success for a gender assessment is the action the Mission takes to implement the recommendations into its strategic plan and to build staff capacity to address the links between gender and health. For this reason, it is important to involve diverse stakeholders throughout the gender assessment process for continuous feedback to define the scope of the assessment and to ensure its relevance to data users.

What Is a Gender Assessment?

A gender assessment is a review of current programming to ensure that it aligns with the goal of promoting gender equality in order to achieve effective and sustainable development. A gender assessment combines: 1) a gender analysis of the situation in a given setting, 2) a review of current programs, 3) the identification of programming gaps and opportunities, and 4) recommendations for future programming.

The first part of a gender assessment in the health sector is called a gender analysis, and it consists of examining the social, economic, and political factors that shape the lives of women/girls and men/boys in a particular setting, with a particular focus on how those gender realities impact their health and desired outcomes. Next, a gender assessment reviews the current activities and programs that are supported by the Mission and others, and examines how they are responding to the disparities

and constraints faced by women/girls and men/boys. Then, it analyzes the programming gaps and opportunities 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 realign its portfolio and invest in future programming. While this guide focuses on the health sector, it is essential to consider gender inequalities in other sectors (such as disparities in access to education or land use or political participation) that have an impact on health.

In brief, a gender assessment examines the ways that gender realities affect health, and then translates this understanding into health programming that promotes gender equality and improves health outcomes. 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 the four steps summarized in 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 considerations more fully into USAID's health agenda. Not all health and development colleagues may understand the important links between gender equality and health outcomes, nor the importance of integrating gender equality goals into health programming. There are also important logistical considerations for which one must be prepared, especially when leading a team to carry out a gender assessment.

Box 3 provides some tips on how to respond to a few of the challenges and misconceptions that one might encounter. Box 4 outlines the logistical details that need to be addressed when carrying out a gender assessment.

BOX 3

Tips for Anticipating and Responding to Common Challenges and Misconceptions

- Explain how gender inequality limits progress toward achieving development objectives by providing evidence that integrating gender considerations into programming leads to improved outcomes.*
- Make the case that, as a cross-cutting theme, attention to gender issues 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 equality in programming and monitoring needs to go beyond tracking the sex and age of beneficiaries and must include analyzing the extent to which current programming responds to the social, economic, and political realities of women's and men's lives.
- Emphasize that because men's and women's gender roles and responsibilities 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 address several logistical details to ensure the success of your gender assessment:

- Include as many Mission staff as possible on the gender assessment team to ensure buy-in and follow-up to programming recommendations.
- Use the assessment as an opportunity to do on-the-job training and capacity-building by involving Mission staff throughout the gender assessment process.
- Pay attention to the skills of different team members and assign tasks/responsibilities to match those skill sets.
- Ensure that all team members have clearly defined roles and responsibilities.
- Be clear about who is responsible for setting up interviews with key informants and organizing site 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.
- Select projects that represent the full range of health issues being assessed.
- 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.
- 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 that gender norms and inequalities play out at various levels: Individual, family and community, and the institutional and policy environment.

Overall, the gender assessment will answer the following basic questions:

- What are the different constraints and opportunities faced by women and men, boys and girls?
- How do gender relations affect health outcomes and the achievement of sustainable results?
- How will proposed health results affect the relative status of men and women?
- How can the Mission best respond to gender inequalities in the health sector?

The gender assessment report should answer these questions in a way that is useful to the Mission staff. This means that it is vital to engage them from the beginning to help organize the assessment findings in the most relevant manner to ensure that the information is utilized to its fullest extent.

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. GENDER ANALYSIS: COLLECT AND ANALYZE GENDER DATA

The first step requires an analysis of the social, economic, and political factors that shape the lives of women/girls and men/boys in a given setting and how these gender inequalities affect desired health outcomes. In this step, you are examining the roles that women and men play in communities and societies, the different levels of power they hold, their differing needs, constraints and opportunities, and the impact of these differences on their lives.

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 needs to gather information about the social, economic, policy, and institutional con-

text in the country or setting. It should collect data on gender relations, roles, and identities relevant to the achievement of program outcomes and analyze gender data for 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 dynamics in a particular country, it is necessary to review national statistics and key research linking the relative roles and opportunities 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 inequality and the impacts that these unequal gender roles and opportunities have on the health and development of the country. Ask yourself and key professional colleagues you interview:
 - o What do sex-disaggregated data reveal about patterns of disease and well-being? About access to resources? About practices such as early 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, gaps/contradictions between modern law and traditional/customary law, lack of political will, capacity of various Ministries, lack of community mobilization to support policies, ability to enforce laws and 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:
 - o What do you see as the major gender issues (as defined on page 1) in health and other 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 the roles and opportunities for men and women in this country? How do these roles and opportunities 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 gaps, disparities, and constraints faced by women and men?
- What are the links between the prevailing gender norms (both attitudes and practices), gender inequality, and health outcomes of interest?

See Table 1 (on page 11) for some structure in thinking through these concepts. The gender analysis of national data and policies should be placed at the beginning of a gender assessment, as background on the social, economic, and political realities that contribute to shaping health outcomes for women and men in a given setting.

STEP 2. PORTFOLIO REVIEW: 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 an overview of the Mission's strategy documents and reports for its 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? Where is there overlap? What gaps exist?
- 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 (either in the current health portfolio, in other sectors, or in work supported by other organizations/donors) for addressing constraints and opportunities for gender equality?
- 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, USAID's current programming addressing health and gender inequalities in this location. The scope of this review will depend upon the team size and composition, but it should aim to be as comprehensive as possible. 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, start by reviewing USAID's portfolio and interviewing USAID staff, either individually or in group meetings with technical teams. The USAID staff interviews will lead you to other key informants and help you identify types of projects to learn more about and potential field sites to visit. Use this opportunity to also ask about other relevant donors/programs/stakeholders beyond USAID.

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 no doubt arise during the various interviews. 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, as defined on page 1, 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 health, and in other sectors in which USAID plans to work? What do you see as the key work USAID needs to carry out to promote gender equality and 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 issues 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 for gender equality, 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 equality 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 a **Mission Order on gender**?⁴ 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?
 - o What are his or her duties with respect to gender issues? Are these duties formalized in work objectives or work-plans? Does this person have expertise in gender issues? 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? Does the GA feel supported by the rest of Mission staff? What

4 USAID requires that every mission have a Mission Order on Gender which "describes how the mission will implement the Agency's Gender Equality and Female Empowerment policy, including: integrating gender equality and female empowerment objectives throughout the Program Cycle; ensuring that the three Gender Sub-Key Issues are reflected in budget attributions in Operating Plans (OPs); ensuring that appropriate gender indicators are reported in Performance Plans and Reports (PPRs); assigning specific detailed roles and responsibilities to mission staff; and ensuring that all staff who are required to do so receive gender training." (GEFE Policy, Section 6, p. 15)

challenges does s/he face in raising attention to gender issues in programming?

- Are staff members recognized and/or rewarded for ensuring that gender concerns are 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 assessment across offices and staff at the Mission and how to respond to gender assessment findings?
- Do the scopes of work (SOWs) and all requests for proposals/applications (RFPs, RFAs, etc.) contain language specifically referring to gender analyses findings, which the applicant is required to address (per the ADS)?
 - o Do proposals generally adhere to these requirements? Do technical committees evaluate proposals on the basis of responsiveness to gender issues?
- Do grants and contracts include a reference to the gender issues that the proposal stated would be addressed by the program? What is the clearance process to ensure that the proposal includes the required attention to gender issues?
 - o Are they explicit in requiring that the implementers submit sex-disaggregated data? Do Contracting Officer's Technical Representatives (COTRs) monitor whether implementers submit sex-disaggregated data?
- Is there a gender working group or committee at the Mission? Are there any cross-donor gender working groups in which USAID participates? If so, how often do they meet and what is their main role?
- To your knowledge, what concrete changes in procedures, if any, were instituted after the last gender assessment was done at the Mission?

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

- What are the obstacles to gender equality that affect health and should be prioritized?
- 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 are USAID's efforts to address these gender equality challenges in its health portfolio? What do you think are the strong points of USAID's work on gender issues in 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 (bilaterals and multilaterals, private foundations)

- What do you believe are the key gender equality obstacles that affect health and need to be addressed in this setting? What is your institution doing to address these gender-related obstacles?
- 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 issues 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?

To obtain a fuller understanding of USAID's current and potential institutional partners working on gender issues 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, what are these and how have you addressed them?
- Is there someone on your staff who is responsible for overseeing attention to gender issues across your organization's portfolio or within specific activities?
- Is there a gender strategy at the organizational or project level? How was it developed?

- What is the sex ratio of the employees in your organization? At the leadership level?
- In your program, do you collect sex- and age-disaggregated data? On outputs and outcomes?
- Do you collect data that reflect the gender inequalities that undermine health?
- In your reports to USAID, do you describe or discuss gender issues?
- What response (if any) do you get from USAID on your gender reporting?
- Do you have any "good practice" examples from this program with respect to integrating attention to gender issues?

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 issues in your programs?
- What additional work do you think you could do to promote gender equality in your health programming?
- What factors, if any, stand in the way of 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 /partner ministries. These might include the Ministries of Health, Education, Women/Gender Affairs, Youth, Agriculture, and others, depending on the gender issues in this setting. Here are some questions that might provide insight into their understanding of gender disparities and constraints 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 disparities and constraints? 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, what are these and how have you addressed them?
- Is there someone on your staff who is responsible for overseeing attention to gender issues 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 promoting gender equality?

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/girls in your community face? Men/boys?
- 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?

The illustrative questions above should be fielded with about 8-10 USAID staff, 3-4 other donors, 15-20 program implementing partners, and 5-10 government representatives and beneficiaries. (These numbers will vary, but these are reasonable targets.) Depending on the context, individual interviews or group interviews/focus groups may be the most appropriate methods to collect the necessary gender assessment data to answer these questions. The findings will form the basis for describing USAID's investment portfolio and the context for its partnerships and strategic emphasis.

STEP 3. IDENTIFICATION OF PROGRAMMING GAPS/OPPORTUNITIES: ASSESS CURRENT HEALTH INVESTMENTS TO DETERMINE WHETHER CURRENT PROGRAMMING IS ADEQUATELY ADDRESSING KEY GENDER ISSUES

You now have the two pieces of information necessary to complete the next step in the gender assessment: examining gaps and opportunities in current health programming. In step 1 (the gender analysis), you gathered the necessary data to identify the key gender issues that need to be addressed to achieve improved health and gender equality. In step 2 (the portfolio review), you collected the necessary information about what is currently being done to address these gender issues. Now, based on the information you have collected thus far, determine what *still needs to happen* to reduce, and ultimately eliminate, the gender inequalities that contribute to poor health in the country. What is missing? What needs more attention? What needs to be strengthened?

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 would also be a gap in programming. If women are active in grassroots organizations in their communities, but lack leadership skills to voice their health concerns, this would be an opportunity to strengthen women's participation in health 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 3, which discusses the [Gender Continuum](#), will be useful for this process. The Gender Continuum describes how to assess whether attention to gender issues 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. USAID's programs should **never** be gender exploitative!

2. **Gender Accommodating** programs approach project design and implementation in ways that adapt to or compensate for gender differences, norms, and inequities by working around the barriers created by existing gender norms. 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 the gender-related constraints and opportunities, it should be quite straightforward to assess where the programs fall along this continuum. USAID programs should ultimately aim to be gender transformative in order to promote gender equality and reach health and development objectives.

STEP 4. PROGRAMMING RECOMMENDATIONS: MAKE RECOMMENDATIONS TO GUIDE PORTFOLIO REALIGNMENT AND FUTURE INVESTMENTS

After identifying gaps and opportunities in current health investments, it is time to make recommendations to improve USAID's current programming and inform future project designs, implementation, monitoring, and evaluation.⁵ How can the portfolio be strengthened, adjusted, or expanded to fill the gaps and build upon the opportunities you have identified to more effectively address gender issues in health programming? It might be useful to organize the recommendations into short-term, medium-term, and long-term categories to help prioritize what needs to happen next.

5 Probably the best way to share programming recommendations with the Mission, and other stakeholders, is to hold a workshop presenting the findings and asking participants to discuss the implications of the results and recommendations for the particular projects in which they work. It is extremely important to find ways to engage staff and foster buy-in so that the gender assessment is not viewed as something external or isolated from the current work they are doing, but rather relevant and integral to their everyday activities. Staff engagement and buy-in will facilitate the next steps that will be needed to fully integrate the gender assessment results into future programming.

At this point, give attention to key trends and emerging issues that have the potential to shape future programming investments for USAID, including:

- Results (and associated indicators) that could be incorporated into program planning and activity design.
- Supportive strategies (such as the USAID Policy on Gender Equality and Female Empowerment, the GHI principle focusing on women, girls, and gender equality, PEPFAR's gender strategy, National Action Plan on Women, Peace and Security, 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, women's empowerment, and male engagement.
- 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 challenges.

How should constraints and opportunities be prioritized, and what is the best way to translate these into concrete recommendations? Table 1 adapted from the [Gender Manual](#) (page 11) lays out a structure and an 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 focuses in greater depth on the content of the gender assessment, by looking 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 various 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 is illustrative; it does not attempt to provide a complete inventory of contents to be considered in every cell, but it gives the user a good idea of the key areas to explore in the gender assessment.

TABLE 1

Linking Constraints and Opportunities to Program and M&E Recommendations

EXAMPLE FROM HIV TESTING, TREATMENT, AND PMTCT

Critical constraints and opportunities	What gender-equality objectives can be included in strategic plans to address gender-based opportunities or constraints?	What proposed activities can be designed to address gender-based opportunities or constraints?	What indicators for monitoring and evaluation will show if the gender-based opportunity has been maximized or the gender-based constraint removed?
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • # men and 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

<p>Levels at which gender issues play out in health, and programmatic goals</p>	<p>Individual access and control over resources</p> <p><i>Reduced inequalities between men and women in access to and control over social and economic resources (including health).</i></p>	<p>Gender norms (attitudes and practices) in the household and community</p> <p><i>Increased capacity to make decisions free of coercion or the threat of violence.</i></p> <p><i>Transformed gender norms that value men and women equally.</i></p>	<p>Institutions and policy environment</p> <p><i>More equal participation of women with men as decisionmakers.</i></p> <p><i>Reduced gender disparities in rights and status.</i></p>
<p>Steps of a gender assessment</p> <p>STEP 1. GENDER ANALYSIS: Analyze the social, economic, and political factors that shape the lives of women/girls and men/boys in a given setting and how these gender inequalities affect health outcomes.</p>	<p>What are the gender inequalities affecting the health of women and men?</p> <p>How does gender inequality relate to economic growth, democracy and governance, health, and education in this setting? Use aggregate/macro indicators to highlight the realities in each sector.</p> <p>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?</p>	<p>What are gender roles and opportunities 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?</p> <p>To what extent are women (and men) able and allowed to make decisions regarding their own health?</p> <p>Does gender-based violence keep women from obtaining health services?</p> <p><i>How are health practices shaped by gender roles?</i></p> <p>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?</p> <p>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?</p>	<p><i>Do women/girls and men/boys have access to basic and appropriate health services at the facility level?</i></p> <p>How do women's and men's participation and leadership in health and public life differ?</p> <p>What is the status of the major pieces of legislation related to gender equality in the country and what is missing?</p> <p><i>How do laws, policies, and regulations treat men and women differently and affect their lives and health?</i></p>

Table 2 continued on next page

Levels at which gender issues play out in health, and programmatic goals	Individual access and control over resources	Gender norms (attitudes and practices) in the household and community	Institutions and policy environment
<p>_____</p> <p>Steps of a gender assessment</p>	<p><i>Reduced inequalities between men and women in access to and control over social and economic resources (including health).</i></p>	<p><i>Increased capacity to make decisions free of coercion or the threat of violence.</i></p> <p><i>Transformed gender norms that value men and women equally.</i></p>	<p><i>More equal participation of women with men as decisionmakers.</i></p> <p><i>Reduced gender disparities in rights and status.</i></p>
<p>STEP 2. PORTFOLIO REVIEW: Review activities and programs currently being supported by the Mission and others to examine whether and how they are responding to the gender inequalities that impact health.</p>	<p>How are programs addressing gendered differences in access to health services?</p> <p>Are health programs linked to programs that reduce inequalities between men and women in access to and control over social and economic resources?</p>	<p>Are the Mission's health programs monitoring and addressing GBV?</p> <p>Does the Mission or any other donor work with men to change harmful gender norms?</p> <p>Are Mission-supported health programs promoting individual and community attitudes and behaviors that value women and men equally?</p> <p>Are these health programs linking with others that address gendered social norms?</p>	<p>What policies and programs work to reduce legal and policy disparities affecting gender equality and health?</p> <p>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?</p> <p>Who is seen as providing the major "push" on gender in the country? Donors? The government? Citizens? Coalitions?</p> <p>What is the government architecture for addressing gender equality?</p>
			<p>Which NGOs work on gender issues with women and men? What are they doing?</p> <p>How are health programs linking with legal and other services (social networks, educational and economic opportunities, etc.) that respond to GBV?</p> <p>How are health and other relevant programs increasing the meaningful participation of women/girls in the planning, design, implementation, monitoring, and evaluation of health programs?</p> <p>Are there any programs that you know of that provide especially strong examples of good practices?</p>
<p>STEP 3. IDENTIFICATION OF PROGRAMMING GAPS/ OPPORTUNITIES: Assess current investments to determine whether current programming is adequately addressing the key gender issues that limit improved health outcomes and determine where programming could be strengthened.</p>	<p>Where are there gender barriers to health that have not been addressed by the existing programmatic portfolio?</p> <p>What are the underlying reasons for the gaps in programming? What processes, resources, or capacity need to be in place to address these gaps?</p>	<p>What are best practices from the country or region for addressing specific gaps?</p> <p>What are USAID's strategic priorities for the sector, and their alignment with government priorities?</p>	<p>What gender constraints and disparities exist related to USAID's strategic priorities?</p> <p>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?</p>
<p>STEP 4. PROGRAMMING RECOMMENDATIONS: Make recommendations to improve current programming, guide future investments, and inform future project designs, implementation, monitoring, and evaluation.</p>	<p>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:</p> <ol style="list-style-type: none"> 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 procurement 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 Results Drive New Programs, Procurement, M&E, and Training

Congratulations! USAID requires that you conduct a **gender analysis** to inform all programming and planning. You have already gone one step further by completing a **gender assessment** of your health portfolio that also identifies the gaps and opportunities in current investments and provides programming recommendations.

But one vital question remains: Will the key recommendations be adopted by the Mission, thereby contributing to improved outcomes in health and gender equality? 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 priorities and future investments in the health sector, as well as the Mission's overall procurement processes, strategic planning, and results framework (see Box 5) so that the findings will be implemented throughout the program cycle. Ideally, the gender assessment findings in the health sector should inform and align with the Mission's overall strategic priorities and development objectives across all sectors in a cross-cutting way, taking into account the ways in which development outcomes in other sectors dovetail with and impact health and gender equality outcomes and vice versa.

PROCUREMENT PROCESS

Integrating gender analysis results into the procurement process is mandatory, so that contractors know they will have to address gender norms and inequalities throughout their projects. You have completed a gender analysis (as part of your overall gender assessment) that will be useful for integrating gender concerns into future procurement processes. 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.

STRATEGIC PLANNING

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 are helpful to guide the integration of gender considerations into strategic planning processes, not only for determining health sector priorities, but also for integration into Mission-wide strategic priorities:

- What are the opportunities for reducing gender gaps within each strategic priority?

BOX 5

Taking the Gender Assessment Into Procurement, Planning, and Results: A Summary

- **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 equality objectives.
- **Strategic planning:** Examine program objectives for their attention to gender constraints and opportunities; restate objectives so that they strengthen the synergy between gender equality 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.)

- 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 issues need 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 proposals—[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 issues. Often a simple restating will strengthen the synergy between gender equality and health goals. In Mission strategies, gender issues are 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](#).

MONITORING AND EVALUATION

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 equality. 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 community-based distribution (CBD) workers are respectful of informed choice. However, the 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.

IV. Conclusion

This guide has taken the reader through the four steps and necessary follow-up 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 social, economic, and political realities that shape the lives of women/girls and men/boys 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 and opportunities in USAID's health investments to promote gender equality. The process concludes with recommendations for future programming.

But the gender assessment should never stop here. Without specific input into strategic priorities in health and other relevant sectors and, ultimately, into the Mission's overall procurement processes, strategic planning, or results framework, 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 at different levels and at different stages throughout the gender assessment process.

The institutional intention to address gender issues 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 attention to gender equality 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 equality is so important to health and other development 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.

NEW USAID POLICIES THAT ADDRESS GENDER ISSUES

[Gender Equality and Female Empowerment Policy](#)

[US National Action Plan on Women, Peace, and Security](#)

[US Implementation Plan for the US National Action Plan on Women, Peace, and Security](#)

[Counter Trafficking in Persons Policy](#)

[US Strategy to Prevent and Respond to Gender-Based Violence Globally](#)

[Ending Child Marriage & Meeting the Needs of Married Children: The USAID Vision for Action](#)

[USAID Youth in Development Policy: Realizing the Demographic Opportunity](#)

[US National Action Plan for Children in Adversity](#)

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 _____ ()

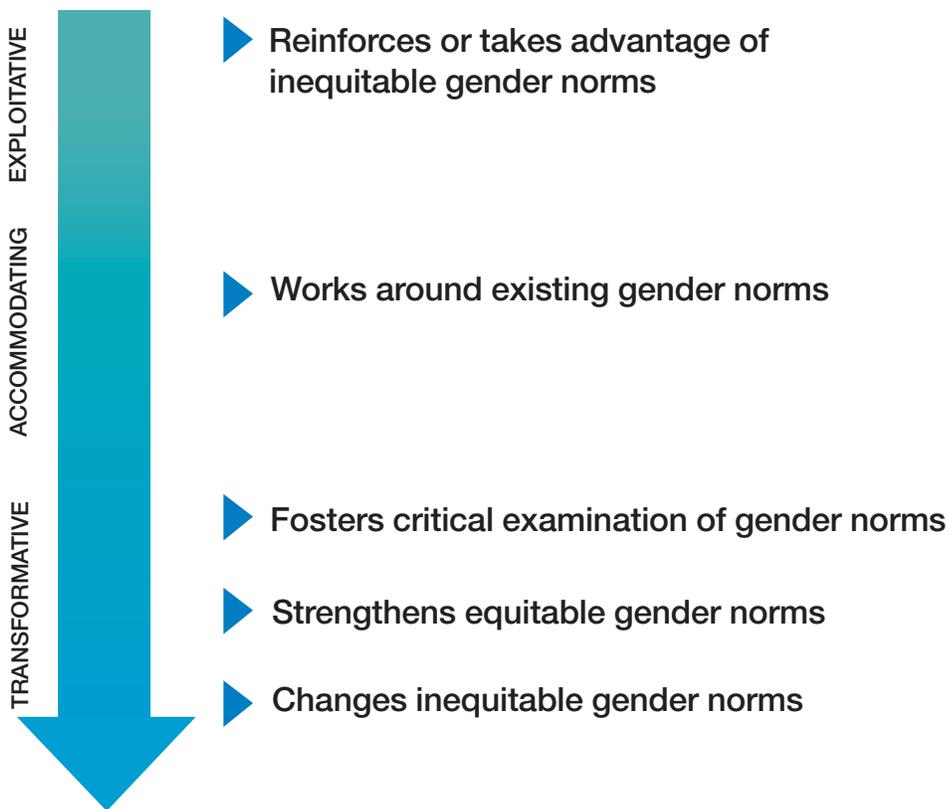
OVERALL TECHNICAL RATING _____ (100)

GENDER CONTINUUM

How does your work address gender?

GENDER BLIND  Ignores gender norms

GENDER AWARE



GOAL: GENDER EQUALITY

Annex VI

USEFUL RESOURCES ON INTEGRATING GENDER INTO SPECIFIC AREAS OF HEALTH

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

Annex VII

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](#)