

# Gender and Health Data and Statistics

AN ANNOTATED RESOURCE GUIDE



**MEASURE** Evaluation

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**Shelah S Bloom**

MEASURE Evaluation

**Elly Arnoff**

Department of Maternal & Child Health  
University of North Carolina at Chapel Hill

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**World Health  
Organization**



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# Acronyms

<b>CSO</b>	Civil Society Organizations
<b>ICRW</b>	International Center for Research on Women
<b>IGWG</b>	Interagency Gender Working Group (USAID)
<b>NGO</b>	Nongovernmental Organization
<b>OECD</b>	Economic Co-operation and Development
<b>PAHO</b>	Pan American Health Organization
<b>PRB</b>	Population Reference Bureau
<b>RH</b>	Reproductive Health
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS
<b>UNIFEM</b>	United Nations Development Fund for Women (now part of UN Women)
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# Introduction

## BACKGROUND

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Gender-responsive health data are critical for generating evidence on best practices and for advancing and informing health policies, which will improve the health of women and families. Global donors and bilateral agencies have recently expressed an urgent need for interventions, programs, and policies to address gender equality and other structural factors that influence health outcomes, particularly with the aim of improving women's health. The demand for gender-related information in monitoring and evaluation of health programs and policies has been clearly articulated, yet several challenges related to the collection, analysis and utilization of such data persist.

The minimum requirement for a gender-based analysis is the availability of sex disaggregated health data. These data are collected in surveys and some routine health systems, such as those developed in response to the HIV pandemic. However, many routine systems do not collect sex disaggregated data, or when they are collected, they are not analyzed and reported. Even when these data are available, there is a lack of guidance and tools pertaining to conducting gender-based analysis. These analyses aim to illustrate the effects of gender-related factors on the performance of health programs and resulting effects on health status. Standardized, gender-sensitive health indicators exist in some areas, such as gender-based violence, but are lacking in general. The success of health advocates, policy-makers and other stakeholders attempting to reduce gender-based health inequities depends on ready access to quality gender-related health information.

An expert consultation, "A policy dialogue to strengthen evidence to improve women's health through gender and health statistics," was held in Washington DC, October 25–27 2010 to discuss these issues. The need for more gender-related health data and statistics was recognized, along with better access to existing resources. This guide is an annotated compilation of these resources, developed by MEASURE Evaluation at the request of USAID's IGWG and the Department of Gender, Women and Health of the WHO).

## RESEARCH METHODOLOGY

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Several different search strategies were used to locate tools, papers, trainings, and other types of resources pertaining to gender and health data and statistics. Websites of global partners, NGOs, and other organizations that have conducted gender-related work and launched gender strategies were searched for gender publications and tools from September 2010 to January 2011. These organizations included UNAIDS, UN WOMEN (formerly UNIFEM) and UNFPA, PAHO, WHO, and the World Bank, Futures Group, International Center for Research on Women (ICRW), Population Council, EngenderHealth, and MEASURE Evaluation. Searches for gender publications and tools were also conducted on other already existing compilations of resources. These included the IGWG's website and the newly launched, Knowledge for Health (K4Health) IGWG Gender & Health eToolkit.

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Finally, a literature search was conducted on Google Scholar and PubMed (MEDLINE) using the following keywords:

- gender,
- health,
- measur (-e, -ing, -ement),
- indicator,
- gender equality/equity,
- women's empowerment, and
- framework.

All 103 resources included in this guide were evaluated for relevance and technical merit. The resources had to pertain to gender and health, with relevance to data and data use, analysis (including conceptual frameworks, methods, composition of measures, etc.), or statistics. Technical merit was assessed to ensure that the resource was of good quality. For example, if there was a dataset with no documentation (how the data were collected, how variables were constructed), it was not included.

## ORGANIZATION

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**Frameworks and Definitions**—*17 resources*—includes conceptual and analytic frameworks, and definitions of concepts related to gender and health, gender integration, and gender-related factors. Strategic frameworks of multilateral and donor organizations for integrating gender into programs are also included.

**Data Collection Tools**—*8 resources*—is comprised of questionnaires and study protocols designed to collect gender and health-related information.

**Data Sources**—*3 resources*—lists datasets that can be downloaded to perform gender and health analyses.

**Measuring Gender-Related Constructs**—*17 resources*—encompasses methodologies relating to gender-related measures and constructs, such as the Gender-Equitable Men (GEM) scale, women's autonomy, and experience of intimate partner violence.

**Describing Health-Related Gender Factors**—*15 resources*—includes a selection of the research that describes the levels and patterns of gender-related factors that have been shown to affect health outcomes. These include sex preference for children, female homicide, women's empowerment, and violence against women.

**Analytic Strategy**—*4 resources*—contains examples of how to perform gender analyses using existing data. For example, findings from the Uganda Demographic and Health Survey (DHS).

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**Data Use**—*5 resources*—contains resources that explain how to use and present gender and health related information.

**Monitoring and Evaluation**—*24 resources*—is divided into three areas: 1) Monitoring and Assessment includes resources on how to monitor gender-based programs and assess how well systems, programs or policies address gender; 2) Gender Indicators includes guides that list gender-related or gender-sensitive indicators; and 3) Capacity Building and Training lists available training resources in gender-related M&E.

**Evaluation**—*10 resources*—includes documents describing evaluations of general health programs and services with a gender-perspective, and how to assess services and programs specifically focused on gender-related outcomes such as violence against women and HIV.

# List of Resources

## Frameworks and Definitions

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- 1 A Framework to Identify Gender Indicators for Reproductive Health and Nutrition (PHN) Programming
- 2 A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (2nd Edition)
- 3 Assessing Women's Empowerment: Towards a Conceptual Framework
- 4 Guidelines for the Analysis of Gender and Health Group
- 5 Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence
- 6 Inter-agency Field Manual on Reproductive Health in Humanitarian Settings: 2010 Revision for Field-Testing
- 7 Integrating Gender into HIV/AIDS Programmes: A Review Paper
- 8 Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs
- 9 Integrating Gender into Reproductive Health and HIV Programs: Facilitator Guide
- 10 Interventions Linking Gender Relations and Violence with Reproductive Health and HIV: Rationale, Effectiveness and Gaps
- 11 Operational Plan for UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV
- 12 Reaching Men to Improve Reproductive Health for All: Implementation Guide
- 13 The Gender Equality Strategy: The Global Fund's Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, Tuberculosis and Malaria
- 14 Through a Gender Lens: Resources for Population, Health and Nutrition Projects
- 15 Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the "Three Ones"
- 16 Gender Handbook in Humanitarian Action: Women, Girls, Boys and Men—Different Needs, Equal Opportunities



# List of Resources

- 17 Women, Health and Ageing: A Framework for Action

## Data Collection Tools

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- 18 Demographic and Health Surveys (DHS) Gender Survey Modules
- 19 Gender & Qualitative Interpretation of Data
- 20 How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault: A Guide
- 21 International Men and Gender Equality Survey (IMAGES) Questionnaire
- 22 Reproductive Health Assessment (RHA) Toolkit for Conflict-Affected Women
- 23 Researching Violence Against Women: A Practical Guide for Researchers and Activists
- 24 WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies
- 25 WHO Multi-country Study on Women's Health and Domestic Violence Against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses

## Data Sources

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- 26 Demographic and Health Surveys
- 27 United Nations Economic Commission for Europe, Gender Statistics
- 28 WomanStats Database

## Measure Gender-Related Constructs

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- 29 Comparative Evaluation of Indicators for Gender Equity and Health
- 30 Comparative Evaluation of Indicators for Gender Equity and Health
- 31 Engendering Human Development: A Critique of the UNDP's Gender-Related Development Index



# List of Resources

- 32 Gender Development Index: Two Corrections
- 33 Gender Integration Index
- 34 Measuring Attitudes Toward Gender Norms Among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale
- 35 Measuring Care: Gender, Empowerment, and the Care Economy
- 36 Measuring Gender (In)Equality: Introducing the Gender, Institutions and Development Data Base (GID)
- 37 Measuring Women's Empowerment: An Assessment of the Gender-Related Development Index and the Gender Empowerment Measure
- 38 Measuring Women's Empowerment as a Variable in International Development
- 39 On the Measurement of Gender Equality and Gender-Related Development Levels
- 40 Background Paper: The Construction of the Social Institutions and Gender Index (SIGI)
- 41 The Uses and Misuses of the Gender-Related Development Index and Gender Empowerment Measure: A Review of the Literature
- 42 Reforming the Gender-Related Index (GDI) and the Gender Empowerment Measure (GEM): Some Specific Proposals
- 43 Validity of the WHO VAW Study Instrument for Estimating Gender-Based Violence Against Women
- 44 Walking a Fine Line: Addressing Issues of Gender with WomanStats
- 45 Why We Should All Care About Social Institutions Related to Gender Inequality

## **Describing Health-Related Gender Factors**

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- 46 A Focus on Gender: Collected Papers on Gender Using DHS Data
- 47 Alcohol, Gender, Culture, and Harms in the Americas: PAHO Multicentric Study Final Report

# List of Resources

- 48 Cross-National Variation in Attitudinal Measures of Gender Preference for Children: An Examination of Demographic and Health Surveys from 40 Countries
- 49 Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis
- 50 Health of Women and Men in the Americas, Profile 2009
- 51 Intimate Partner Violence Among Couples in 10 DHS Countries: Predictors and Health Outcomes
- 52 Gender, Health and Development in the Americas, Basic Indicators
- 53 Homicide in Brazil: A Gender and Diversity Analysis
- 54 Gender and Tuberculosis: Cross-site Analysis and Implications of a Multi-country Study in Bangladesh, India, Malawi, and Colombia
- 55 Gender in Tuberculosis Research
- 56 Gender Equality and Women's Empowerment in India
- 57 Understanding Women's Empowerment: A Comparative Analysis of Demographic and Health Surveys (DHS) Data
- 58 Profiling Domestic Violence: A Multi-country Study
- 59 Prevalence of Intimate Partner Violence: Findings from the WHO Multi-country Study on Women's Health and Domestic Violence
- 60 The Association Between Violence Against Women and HIV: Evidence from a National Population-Based Survey in Zimbabwe

## **Analytical Strategy**

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- 61 Female Genital Cutting in Guinea: Qualitative and Quantitative Research Strategies
- 62 Measuring Empowerment in Practice: Structuring Analysis and Framing Indicators
- 63 The POWER Report
- 64 Uganda: Key Findings from the 2006 UDHS: A Gender Perspective

# List of Resources

## Data Use

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- 65 Better Science with Sex and Gender: Facilitating the Use of a Sex and Gender-Based Analysis in Health Research
- 66 Developing Gender Statistics: A Practical Tool
- 67 Gender, Health, and Development in the Americas 2003
- 68 Guidelines for Developing a Population-Based Gender and Health Profile
- 69 Guidelines for Gender-Based Analysis of Health Data for Decision Making

## Monitoring and Evaluation—Monitoring and Assessment

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- 70 Checklist for Assessing the Gender Responsiveness of Sexual and Reproductive Health Policies: Pilot Document for Adaptation to National Contexts
- 71 Consolidating a Gender Perspective in the PROCOSI Network
- 72 Gender Analysis in Health: A Review of Selected Tools
- 73 Gender and Monitoring: A Review of Practical Experiences
- 74 Gender and Monitoring Response to HIV/AIDS Pandemic
- 75 Gender-Based Violence Tools Manual: For Assessment & Program Design, Monitoring & Evaluation in Conflict-Affected Settings
- 76 Gender Mainstreaming Checklist for the Health Sector
- 77 Gender Sensitivity Assessment: Tool for FP/RH Curricula
- 78 Guide for Analysis and Monitoring of Gender Equity in Health Policies
- 79 Positive Women Monitoring Change
- 80 Practical and Pragmatic: Strategically Applying Gender Perspectives to Increase the Power of Global Health Policies and Programs
- 81 Strengthening Health Information Systems to Address Health Equity Challenges

# List of Resources

## **Monitoring and Evaluation—Gender Indicators**

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- 82 A User's Guide to Measuring Gender-Sensitive Basic Service Delivery
- 83 Gender and Indicators: Supporting Resources Collection
- 84 Gender-Sensitive Indicators: Uses and Relevance
- 85 Indicators to Measure Violence Against Women: Report of the Expert Group Meeting
- 86 Integrating a Gender Perspective into Health Statistics: An Ongoing Process in Central America
- 87 Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators

## **Monitoring and Evaluation—Capacity Building and Training**

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- 88 Constructive Men's Engagement in Reproductive Health: For Themselves, Their Partners, and Their Communities
- 89 Constructive Men's Engagement Monitoring & Evaluation
- 90 Gender and HIV/AIDS Electronic Library
- 91 Gender and Reproductive Health 101
- 92 Gender-Based Violence: A Primer
- 93 Monitoring and Evaluation of Gender-Based Violence Prevention and Mitigation Programs

## **Evaluation**

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- 94 Evaluation 2009/1: Evaluation of SDC's Performance in Mainstreaming Gender Equality
- 95 Evaluation of DFID Development Assistance: Gender Equality and Women's Empowerment

# List of Resources

- 96** Evaluation of Stepping Stones: A Gender Transformative HIV Prevention Intervention
- 97** Gender Mainstreaming in Priority Health Programs: The Case of the Diabetes Mellitus Prevention and Control Program in Mexico
- 98** Gender Perspectives Improve Reproductive Health Outcomes: New Evidence
- 99** Gender-Related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Policies for Sexual Assault
- 100** Getting It Right! A Practical Guide to Evaluating and Improving Health Services for Women Victims and Survivors of Sexual Violence
- 101** Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa
- 102** Manual for Evaluating Quality of Care from a Gender Perspective
- 103** Sexual and Reproductive Health, Prevention of HIV/AIDS and Gender Equity in the Armed Forces of Latin America

## **A Framework to Identify Gender Indicators for Reproductive Health and Nutrition (PHN) Programming**

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Yinger, N.; Peterson, A.; Avni, M.; Gay, J.; Firestone, R.; Hardee, K.; Murphy, E.; Herstad, B. & Johnson-Welch, C. PRB. 2002.

### **URL**

[http://www.prb.org/igwg\\_media/FramewkIdentGendrlndic.pdf](http://www.prb.org/igwg_media/FramewkIdentGendrlndic.pdf)

### **Purpose**

To provide a rationale and background for integrating gender into PHN programs, to better address gender-related constraints to achieving PHN objectives, and to provide generally applicable gender obstacles, indicators, and monitoring considerations

### **Intended user**

Health information staff, program evaluators, program managers, and program planners

### **Available language(s)**

English

### **Description**

This paper introduces a framework that was developed for incorporating gender into the design and evaluation of population, health, and nutrition (PHN) programs and provides a large set of examples as a tool for PHN program planners in the areas of family planning, safe motherhood, post-abortion care, nutrition, and HIV/AIDS. The focus is at the level of interventions, not changes in behavior or health status at the population level. This paper offers a way of thinking about gender that makes it relevant for PHN programming and evaluation.

The four specific objectives of this paper are to:

1. articulate a rationale for including gender in PHN programming;
2. define gender and several aspects of gender in ways that make it easier to include in PHN programming;
3. suggest a framework for identifying and addressing gender-related constraints to achieving PHN objectives, using a detailed set of illustrative examples; and
4. identify some generally applicable gender themes, including obstacles, indicators, and monitoring of changes.

## **A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (2nd Edition)**

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Caro, D. IGWG, PRB & USAID. 2009.

### **URL**

[http://www.igwg.org/igwg\\_media/manualintegrgendr09\\_eng.pdf](http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf)

### **Purpose**

To demonstrate how to integrate gender issues into program design, implementation, and evaluation

### **Intended user**

Program managers, program planners, and technical staff

### **Available language(s)**

English

### **Description**

This manual is a companion to the *Guide for Incorporating Gender Considerations in USAID's Family Planning and Reproductive Health RFAs and RFPs*, developed chiefly for USAID program managers. The manual complements the guide by orienting program designers, managers, and technical staff on how to integrate gender issues into program design, implementation, and evaluation. Case studies and worksheets are also included.

The manual promotes greater understanding of how gender relations and identities affect the capacity of individuals and groups to make informed choices about their sexual and reproductive health, and to negotiate and obtain better RH outcomes. The primary purpose of this revised manual is to offer organizations an updated resource on how to integrate a gender equity approach into the design and implementation of RH programs. Such an approach aims to maximize access and quality, support individual decision making about reproductive health, increase sustainability, and put into practice commitments the U.S. government has made to international agreements.



## **Assessing Women's Empowerment: Towards a Conceptual Framework**

Mosedale S. Journal of International Development. 2005;17(2):243–257.

### **URL**

[http://www.un.org/kg/index2.php?option=com\\_resource&task=show\\_file&id=3749](http://www.un.org/kg/index2.php?option=com_resource&task=show_file&id=3749)

### **Purpose**

To introduce a conceptual understanding of women's empowerment and suggest implications and recommendations for measurement

### **Intended user**

CSOs, program evaluators, and researchers

### **Available language(s)**

English

### **Description**

Empowerment is a widely used term amongst policy-makers and practitioners; however, there is no accepted method for measuring and tracking changes. The paper reviews how the empowerment of women has been discussed within development studies, examines how power has been debated and refined, and discusses how power relations might be described and evaluated in a particular context. Lastly, the article proposes a conceptual framework within which empowerment might be assessed.

## **Guidelines for the Analysis of Gender and Health Group**

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Koning, K.; Derbyshire, H.; Dickson, R.; Dockery, G.; Doyle, V.; Gilks, C.; Kemp, J.; Martineau, T.; Price, J.; Squire, B.; Standing, H.; Thomas, P. & Tolhurst, R. Liverpool School of Tropical Medicine. 2008.

### **URL**

<http://www.lstmliverpool.ac.uk/research/academic-groups/international-health/gender-and-health-group/guidelines>

### **Purpose**

To increase practitioners' understanding and build skills to respond to gender issues in planning, implementation, and evaluation of health care provision and health research

### **Intended user**

CSOs, health policy-makers, health practitioners, program managers, program planners, and researchers

### **Available language(s)**

English

### **Description**

These guidelines aim to enhance the ability of practitioners involved in the planning, implementation, and evaluation of health care provision and health research to understand and respond to gender issues. The guidelines have been designed for use by people at various levels of the health care system, including policy-makers, program planners and managers, health practitioners, and researchers. They can be used for participatory analysis, planning and evaluation, and are designed to actively involve all people affected by health problems or activities. Health researchers may use the guidelines to consider the gender dimensions of their research area; health systems policy makers can use the guidelines to identify gender issues in the design and implementation of health policy; and trainers can use and adapt the guidelines and case studies for workshops in gender awareness and gender planning for health care professionals.

## **Human Rights and Gender Equality in Health Sector Strategies: How to Assess Policy Coherence**

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World Health Organization. 2011.

### **URL**

[http://whqlibdoc.who.int/publications/2011/9789241564083\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241564083_eng.pdf)

### **Purpose**

To enable country health sectors to respond to global demands related to human rights and gender-equality

### **Intended user**

CSOs, health policy-makers, and program planners

### **Available language(s)**

English

### **Description**

This tool is designed to support countries as they design and implement national health sector strategies in compliance with human rights and gender-related obligations and commitments. The tool focuses on practical options, providing critical questions for policy-makers to consider in identifying gaps and opportunities as health sector strategies are reviewed or reformed. This tool is intended to generate a national multi-stakeholder process and a cross-disciplinary dialogue to address human rights and gender equality in health sector activities.

The tool aims to operationalize a human rights-based approach and gender mainstreaming through practical application in policy assessments, and is composed of three parts:

1. conceptual approaches of the tool
2. practical guidance on how to use the tool
3. analysis tables

The analysis tables are designed to guide the user through three assessment levels:

1. state
2. legal, policy, and institutional frameworks
3. health sector strategies

## **Inter-agency Field Manual on Reproductive Health in Humanitarian Settings: 2010 Revision for Field-Testing**

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Inter-agency Working Group on Reproductive Health in Crises. 2010.

### **URL**

[http://www.iawg.net/resources/field\\_manual.html#intro](http://www.iawg.net/resources/field_manual.html#intro)

### **Purpose**

To provide information that aims to improve the health and well-being of populations affected by humanitarian emergencies

### **Intended user**

CSOs, health practitioners, humanitarian staff, and program managers

### **Available language(s)**

English

### **Description**

The field manual is the result of a collaborative and consultative process engaging over 100 members from UN agencies and nongovernmental organizations that make up the Inter-agency Working Group on Reproductive Health in Crises. The manual is based on normative technical guidance from WHO and presents best practices documented in crisis settings around the world. This latest edition reflects the wide application of the field manual's principles and technical content beyond refugee situations, extending its use into diverse crises, including conflict zones and natural disasters. RH officers and RH program managers in humanitarian settings are the primary audience for the field manual. RH service providers (doctors, nurses, midwives, etc.) will also find useful information, although the manual does not contain detailed clinical guidance. Community services officers, protection officers, and others working to meet the needs of affected women, young people, and men will also benefit from the guidance offered in this document.

## **Integrating Gender into HIV/AIDS Programmes: A Review Paper**

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Gupta, G.R.; Whelan, D. & Allendorf, K. WHO. 2003.

### **URL**

[http://www.who.int/gender/documents/women\\_and\\_girls/9241590394/en/index.html](http://www.who.int/gender/documents/women_and_girls/9241590394/en/index.html)

### **Purpose**

To review past programmatic approaches to integrate gender in HIV programming and provide guidelines on how best to integrate gender

### **Intended user**

Program managers

### **Available language(s)**

English

### **Description**

This review document brings together up-to-date knowledge on how gender norms increase the risk of, and vulnerability to, HIV/AIDS. It also reviews approaches for addressing gender in HIV/AIDS programs as well as examples of different types of HIV/AIDS programs. A framework that categorizes the different approaches to integrating gender into HIV/AIDS programming can be useful to meet this challenge. Reviewing existing approaches to address gender in HIV/AIDS programs suggests that there is a continuum of approaches that have been used ranging from harmful to empowering.

There are several examples of programs from around the world that have adopted different approaches to integrate gender considerations in their work. This review draws upon the lessons learned from these implementation experiences to develop concrete and practical guidelines for national HIV/AIDS program managers so as to help them integrate gender issues into HIV/AIDS programs.

## **Integrating Gender into HIV/AIDS Programmes in the Health Sector: Tool to Improve Responsiveness to Women's Needs**

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Amin, A.; Garcia-Moreno, C.; Johnson, S.; Ogden, J.; Kilonzo, N. & Moore, M. WHO. 2009.

### **URL**

[http://www.who.int/gender/documents/gender\\_hiv/en/index.html](http://www.who.int/gender/documents/gender_hiv/en/index.html)

### **Purpose**

To demonstrate how to integrate gender into HIV/AIDS programs as well as implement and evaluate such programs so they are more responsive to women's needs

### **Intended user**

Health practitioners and program managers

### **Available language(s)**

English, Kiswahili

### **Description**

This tool helps program managers and health-care providers in the public and private sectors integrate gender into HIV/AIDS programs they wish to develop, implement and evaluate to be more responsive to women's needs. In addition to describing basic steps in gender-responsive programming, the tool suggests practical actions to address key gender issues in HIV testing and counseling; prevention of mother-to-child transmission of HIV; HIV/AIDS treatment and care; and home-based care and support for people living with HIV.

The tool also provides examples of gender-responsive interventions and resources from the field, such as counseling role-plays for risk reduction and HIV treatment adherence; examples of gender-sensitive communication messages; and other protocols for addressing the risk of violence among women as a result of HIV status disclosure. The tool was field-tested in five countries and has been adapted and translated into Kiswahili and used to train HIV/AIDS program managers and service providers in two regions of the United Republic of Tanzania.

## **Integrating Gender into Reproductive Health and HIV Programs: Facilitator Guide**

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Interagency Gender Working Group. 2006.

### **URL**

<http://www.k4health.org/toolkits/igwg-gender/integrating-gender-reproductive-health-and-hiv-programs-facilitator-guide>

### **Purpose**

To enhance understanding of gender related concepts and build skills for integrating gender into reproductive health and HIV projects and programs

### **Intended user**

CSOs, health educators, health policy-makers and program managers

### **Available language(s)**

English

### **Description**

This two-day workshop curriculum focuses on the process of integrating gender into Reproductive Health and HIV programs and is based on IGWG's "Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action" (2003). The workshop reviews key gender definitions and concepts and stresses the importance of looking at gender as continuum in policy and programs. The curriculum introduces six domains of gender and describes how to apply a process for gender analysis. The curriculum highlights key principals and elements of gender-integrated projects and aims to enhance participant's skills to integrating gender into various phases of the project cycle. The training includes facilitator guides, power point presentations, case study handouts, group exercises and a participant evaluation form.



## **Interventions Linking Gender Relations and Violence with Reproductive Health and HIV: Rationale, Effectiveness and Gaps**

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Chege, J. Population Council. 2005.

### **URL**

<http://www.popcouncil.org/publications/abstract.asp?RefID=3708>

### **Purpose**

To highlight existing evidence-based efforts to challenge gender norms and promote constructive male involvement; to present findings on effectiveness of gender and male focused RH programs; and to identify knowledge and program design-related gaps

### **Intended user**

CSOs, program managers and program planners

### **Available language(s)**

English

### **Description**

This article highlights existing evidence-based efforts that challenge gender norms and promote constructive male involvement, presents findings on effectiveness of gender and male focused RH programs and identifies knowledge and program design-related gaps. The article argues that addressing biased gender norms and masculinities in an RH/HIV policy and program context will contribute to the improvement of the health and rights of women and children as well as of men. However, achievement of these goals will be limited by a failure to address broader structural factors such as poverty and unemployment that shape gender relations and RH/HIV outcomes. This will require getting RH/HIV interventions out of the health box and into the arena of socio-economic development in collaboration with agencies working in these areas.

## **Operational Plan for UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV**

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UNAIDS. 2009.

### **URL**

[http://www.unfpa.org/hiv/docs/un aids\\_operationalplan.pdf](http://www.unfpa.org/hiv/docs/un aids_operationalplan.pdf)

### **Purpose**

To provide strategic guidance and tools for gender and HIV/AIDS programs and promote measurement of such programs

### **Intended user**

CSOs, UN Agencies, and governments

### **Available language(s)**

English

### **Description**

The Action Framework was developed in response to the pressing need to address persistent gender inequality and human rights violations that put women and girls at greater risk and vulnerability to HIV. The framework aims to protect any forward gains that have been made in preventing HIV transmission and increasing access to anti-retroviral treatment.

The Action Framework focuses on country-level action in three areas:

1. strengthening strategic guidance and support to national partners to “know their epidemic and response” from a gender perspective;
2. assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of women and girls in the context of HIV; and
3. advocacy, capacity strengthening, and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of women and girls in the context of HIV.

This document offers specific recommendations, results, and corresponding actions as well as parties responsible for delivering results—including the UNAIDS family, individual co-sponsors, the Secretariat, the UN Joint Teams on AIDS, UNIFEM and other partners as well as envisioning a role for the to be established UN Agency for Women.

## **Reaching Men to Improve Reproductive Health for All: Implementation Guide**

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Burger, M. IGWG & Health Communication Partnership (HCP) based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. 2003.

### **URL**

<http://www.hivandsrh.org/toolkits/pc-rsh/reaching-men-improve-reproductive-health-all-implementation-guide>

### **Purpose**

To illustrate how to develop, implement, and evaluate reproductive health programs that involve men in ways that promote gender equity and improve health outcomes for both men and women

### **Intended user**

CSOs, health practitioners, governments, program managers, and technical staff

### **Available language(s)**

English

### **Description**

The guide captures the programmatic issues discussed at the Reaching Men to Improve Reproductive Health for All international conference held in Dulles, Virginia, in September 2003. The guide serves as a tool to inform care providers, researchers, trainers, communicators, program managers, and donors how to develop, implement, and evaluate reproductive health programs that involve men in ways that promote gender equity and improve health outcomes for men and women. The primary audience for this guide is in-country reproductive health program managers and technical staff of implementing agencies, government, and nongovernmental organizations.

## **The Gender Equality Strategy: The Global Fund's Strategy for Ensuring Gender Equality in the Response to HIV/AIDS, Tuberculosis and Malaria**

The Global Fund to Fight AIDS, Tuberculosis and Malaria. 2008.

### **URL**

[http://www.theglobalfund.org/documents/core/strategies/Core\\_GenderEquality\\_Strategy\\_en/](http://www.theglobalfund.org/documents/core/strategies/Core_GenderEquality_Strategy_en/)

### **Purpose**

To highlight areas requiring attention and outline strategic directions that the Global Fund will adopt within the scope of its mandate and architecture to ensure gender equitable responses to HIV/AIDS, TB and malaria

### **Intended user**

Global Fund grantees, Global Fund potential grantees, and Global Fund staff

### **Available language(s)**

English, French

### **Description**

The strategy explores how the Global Fund can encourage a positive bias in funding towards programs and activities that address gender inequalities and strengthen the response for women and girls. The strategy is aimed at supporting country efforts to take the gender dimensions of the three epidemics into account in their proposals and subsequent program implementation, while recognizing the need for a broad network of partners to support countries to do this. Because the needs of women are often marginalized, the strategy focuses primarily on the needs of women and girls. The strategy highlights the areas that require attention and outlines strategic directions that the Global Fund will adopt within the scope of its mandate and architecture to ensure gender equitable responses to HIV/AIDS, TB, and malaria.

## **Through a Gender Lens: Resources for Population, Health and Nutrition Projects**

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Family Health International (FHI) & IntraHealth International. 2010.

### **URL**

<http://www.fhi.org/en/rh/pubs/wsp/genderlens.htm>

### **Purpose**

To review existing models and methodologies for incorporating gender into USAID development initiatives

### **Intended user**

CSOs and program managers

### **Available language(s)**

English

### **Description**

This paper reviews existing models and methodologies for incorporating a gender perspective into USAID development initiatives. Its purpose is to make preliminary recommendations and to initiate discussion among those working in the population, health, and nutrition (PHN) sector about their specific gender needs and how best to adapt current models and methodologies to meet them. This paper does not aim to replace comprehensive training or texts on gender issues, gender training, and analysis. Rather, it illustrates key ideas for understanding how gender might affect PHN projects and cites documents relevant to PHN work.

## **Transforming the National AIDS Response: Mainstreaming Gender Equality and Women's Human Rights into the "Three Ones"**

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United Nations Development Fund for Women. 2006.

### **URL**

[http://www.unifem.org/attachments/products/TransformingTheNationalAIDSResponse\\_eng.pdf](http://www.unifem.org/attachments/products/TransformingTheNationalAIDSResponse_eng.pdf)

### **Purpose**

To illustrate successful local, national, regional, and international initiatives that mainstream gender equality into HIV/AIDS programs and policies and provide tools and checklists to conduct gender audits and analyses

### **Intended user**

CSOs, health policy-makers, and national AIDS coordinating authorities

### **Available language(s)**

English, Spanish, French

### **Description**

This resource highlights three main principles and programmatic examples that promote gender equality as a key strategy to prevent and treat HIV/AIDS. The publication suggests entry points for integrating gender equality and women's rights and contains recommendations on strengthening gender equality in AIDS actions and strategies. The guide builds on UNIFEM's seven years of efforts that support a gender equality dimension in HIV/AIDS programs in developing countries. The guide outlines a number of successful local, national, regional, and international initiatives that demonstrate how mainstreaming a gender equality perspective into HIV/AIDS programs and policies can yield positive results and transform the national AIDS response. The guide includes tools and checklists that can provide guidance on how to conduct gender and human rights audits and analyses to inform HIV/AIDS policies and frameworks and their implementation. Provision of these tools is intended to achieve the most effective and efficient use of resources, rapid action, and results-based management.

## **Gender Handbook in Humanitarian Action: Women, Girls, Boys and Men— Different Needs, Equal Opportunities**

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Inter-agency Standing Committee (IASC) Gender Handbook in Humanitarian Action. 2006.

### **URL**

[http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf\\_gender-genderh](http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-genderh)

### **Purpose**

To provide actors in the field with guidance on gender analysis, planning, and actions to ensure that the needs, contributions, and capacities of women, girls, boys, and men are considered in humanitarian settings

### **Intended user**

Humanitarian staff, donors, program evaluators, and program managers

### **Available language(s)**

English, Arabic, French, Russian and Spanish

### **Description**

Prepared by the IASC, these guidelines focus on major cross-cutting issues and areas of work in the early response phase of emergencies. The handbook provides a set of standards for integration of gender issues at the outset of a humanitarian setting so that services provided reach their target audience and have maximum positive impact without inadvertently putting people at risk.

The handbook is also a useful tool to ensure gender issues are included in needs assessments, contingency planning, and evaluations by providing tools like checklists to assist in monitoring gender equality programming. It can also be used as a tool to mainstream gender as a cross-cutting issue in the sectors/clusters. Additionally, the IASC *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings* serves as a complement to this handbook and should be used in conjunction with it.

The target audience for this handbook are field practitioners responding to humanitarian emergencies that result from conflict or natural hazards. In particular, the handbook targets sector/cluster actors. Humanitarian coordinators and others in leadership positions will also benefit from this tool because it provides guidance on how to analyze the situation from a gender perspective, implement gender-aware activities, and measure effectiveness. The handbook will also instruct donors how to hold humanitarian actors accountable for integrating gender perspectives and promoting equality in all aspects of their work.



## **Women, Health and Ageing: A Framework for Action**

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World Health Organization. 2007.

### **URL**

<http://www.unfpa.org/public/publications/pid/381>

### **Purpose**

To illustrate the factors that influence women's health at midlife and older ages with a focus on gender and present a framework for action

### **Intended user**

CSOs, health policy-makers, and health practitioners

### **Available language(s)**

English

### **Description**

This framework for action addresses the health status and factors that influence women's health at midlife and older ages with a focus on gender. It provides guidance on how policy-makers, practitioners, nongovernmental organizations and civil society can improve the health and well-being of ageing women by simultaneously applying both a gender lens and an ageing lens to their policies, programs, and practices as well as in research.

## **Demographic and Health Surveys (DHS) Gender Survey Modules**

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United States Agency for International Development. Ongoing.

### **URL**

<http://www.measuredhs.com/What-We-Do/Survey-Types/DHS.cfm>

### **Purpose**

To collect gender specific health data

### **Intended user**

Donors, program evaluators, researchers, and statisticians

### **Available language(s)**

English

### **Description**

These are survey modules on gender that can be implemented in any country after being translated into the local language. Since 1984, the MEASURE DHS project has provided technical assistance to more than 240 surveys in over 85 countries, advancing global understanding of health and population trends in developing countries. DHS has earned a worldwide reputation for collecting and disseminating accurate, nationally representative data on fertility, family planning, maternal and child health, gender, HIV/AIDS, malaria, and nutrition. DHS surveys for some countries include modules of additional questions that can be used to collect information on several gender-related factors. After implementing these modules, factors can be constructed to examine the effects on various health outcomes ranging from maternal and child health to family planning and HIV. To date, there are four DHS gender modules:

1. Domestic Violence Module  
*questions to assess people's experience with intimate partner violence*
2. Female Genital Cutting Module  
*questions to assess the prevalence and patterns of female genital cutting*
3. Maternal Mortality Module  
*questions to assess the magnitude and patterns of maternal mortality*
4. Fistula Module  
*questions to assess the prevalence and patterns of obstetric fistula*

## **Gender & Qualitative Interpretation of Data**

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Swiss Agency for Development and Cooperation (SDC). 2006.

### **URL**

<http://www.sdc-gender-development.net/en/Home/Publications/document.php?itemID=4261&langID=1>

### **Purpose**

To assist users to reach a more qualitative understanding in their reading and interpretation of quantitative data from a gender perspective

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

Even where it is disaggregated, quantitative data has limitations in highlighting diversities and inequalities at the national level. Questioning quantitative data from a gender perspective with the use of qualitative data may help to better interpret these statistics and examine diversity and inequalities. This document offers five matrices to assist users to reach a more qualitative understanding in their reading and interpretation of quantitative data from a gender perspective. The matrices focus on development issues, such as poverty, employment, political participation and power of decision-making, health and well-being, and education.

Each matrix is structured around the four institutional spheres. Based on the four spheres, each matrix is divided into four parts:

1. citizens' experience,
2. policy aspects,
3. organizational aspects, and
4. programming and implementation aspects.

Each matrix offers examples of typical quantitative data used to track development as well as a selection of questions to guide a qualitative exploration to help interpret the data from a gender perspective, highlighting diversity and inequalities and leading to useable information for program monitoring, evaluation, and positive change.

## **How to Conduct a Situation Analysis of Health Services for Survivors of Sexual Assault: A Guide**

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Christofides, N.; Jewkes, R.; Lopez, J. & Dartnall, L. Medical Research Council (MRC) & University of Phillipines. 2006.

### **URL**

<http://www.svri.org/analysis.htm>

### **Purpose**

To provide tools to conduct a national situational analysis of sexual assault services

### **Intended user**

Health practitioners, program evaluators, and program managers

### **Available language(s)**

English

### **Description**

A national situation analysis on health services for victims/survivors can assist in understanding aspects of service quality and in determining where better services are being provided and which factors influence the quality of services. The South African Gender-Based Violence and Health Initiative (SAGBVHI) developed the tools presented in this guide for a national situation analysis on sexual assault services. The guide outlines the steps to take when embarking on a national situation analysis of sexual assault services, including steps and instructions on:

- preparing for a baseline survey,
- developing a sampling frame,
- deciding who to interview and what tools to use,
- managing and analyzing data, and
- writing and disseminating a report.

## **International Men and Gender Equality Survey (IMAGES) Questionnaire**

ICRW & Instituto Promundo. 2010.

### **URL**

<http://www.icrw.org/publications/international-men-and-gender-equality-survey-images>

### **Purpose**

To collect household data on men's attitudes and practices—along with women's opinions and reports of men's practices—on a wide variety of topics related to gender equality

### **Intended user**

Researchers

### **Available language(s)**

English

### **Description**

The IMAGES Questionnaire is a comprehensive household questionnaire that aims to understand attitudes and opinions related to gender equality. Topics include gender-based violence, health and health-related practices, household division of labor, men's participation in caregiving and as fathers, men's and women's attitudes about gender and gender-related policies, transactional sex, men's reports of criminal behavior, and quality of life. The survey can be used for men and women in stable relationships, in no relationship, with varying sexual orientations, with or without children. ICRW is currently implementing a 10-country study.

From 2009 to 2010, household surveys were administered to more than 8,000 men and 3,500 women ages 18–59 in Brazil, Chile, Croatia, India, Mexico, and Rwanda. The report "Evolving Men: Initial Results of the International Men and Gender Equality Survey (IMAGES)" summarizes these initial multi-country comparative findings. The finalized survey results are intended to be used for awareness-raising activities and advocacy nationally and internationally, developing a global and national database and assessment of men's behaviors and attitudes with a standardized instrument, and providing a baseline or benchmark for monitoring changes in men's behaviors and attitudes in line with various international processes.

## **Reproductive Health Assessment (RHA) Toolkit for Conflict-Affected Women**

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Centers for Disease Control and Prevention (CDC). 2007.

### **URL**

<http://www.iawg.net/resources/rhatoolkit.html>

### **Purpose**

To provide tools for collecting data on safe motherhood, family planning, sexual history, sexually transmitted infections, HIV/AIDS, gender-based violence, and female genital cutting

### **Intended user**

Humanitarian staff, program evaluators, and researchers

### **Available language(s)**

English, French

### **Description**

Developed to meet the increased need for accurate reproductive health data among conflict-affected populations, the toolkit enables field-based staff with limited survey expertise to collect information about safe motherhood, family planning, sexual history, sexually transmitted infections, HIV/AIDS, gender-based violence, and female genital cutting. It also has sampling instructions, a training manual, a questionnaire, a data entry program, an analysis guide with preprogrammed analyses, and data use suggestions. The toolkit can be used to quantitatively assess reproductive health risks, services, and outcomes in conflict-affected women between 15 and 49 years of age. Survey data can be used to compare a population across points in time or to make comparisons across populations.

The methodology has been tested in multiple sites and is designed for mid-level field staff with limited survey skills. It offers:

- data to inform program planning, monitoring, evaluation, and advocacy;
- public-domain software (CSPro) that is pre-programmed for data entry;
- pre-programmed key indicators;
- data analysis tables; and
- guidance on how to use the data.

## **Researching Violence Against Women: A Practical Guide for Researchers and Activists**

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Ellsberg, M. & Heise, L. WHO & PATH. 2005.

### **URL**

[http://www.who.int/gender/documents/women\\_and\\_girls/9241546476/en/index.html](http://www.who.int/gender/documents/women_and_girls/9241546476/en/index.html)

### **Purpose**

To present methodological and ethical challenges of conducting research on violence against women and suggest innovative techniques that have been used to address these challenges

### **Intended user**

CSOs and researchers

### **Available language(s)**

English

### **Description**

This manual has been developed in response to the growing need to improve the quality, quantity, and comparability of international data on physical and sexual abuse. Though there are many types of violence against women, this manual focuses on violence against women by their intimate partners. It is directed particularly to those researchers interested in the intersection of violence and health in developing countries, given the clear impact that gender violence has on women's health status. The manual outlines some of the methodological and ethical challenges of conducting research on violence against women and describes a range of innovative techniques that have been used to address these challenges.

One of the goals of this manual is to facilitate collaborations between researchers and community-based workers and activists by providing practitioners with an introduction to the tools and language of research and by giving researchers greater insight into the specific issues that accompany research on violence. It focuses on applied research by advancing an ethic of research that is:

- action-oriented (including ways to use findings to influence decision-makers),
- accountable to the antiviolence movement, and
- responsive to the needs of women living with violence.

## **WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies**

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WHO (Department of Gender, Women and Health). 2007.

### **URL**

<http://www.who.int/gender/documents/violence/9789241595681/en/index.html>

### **Purpose**

To inform those involved in planning, conducting, funding, reviewing protocols for, approving, or supporting information collection on sexual violence in humanitarian settings

### **Intended user**

CSOs, donors, ethical review committees, humanitarian staff, program planners, program managers, and researchers

### **Available language(s)**

English, French, Arabic

### **Description**

This document addresses the unique set of challenges that arise when collecting and using information about sexual violence and provides much needed guidance in the area of ethical and safety guidelines specific to collection of information about sexual violence in emergencies. Eight recommendations are offered that are intended to ensure that the necessary safety and ethical safeguards are in place prior to commencement of any information gathering exercise concerning sexual violence in emergencies. The ethical and safety guidelines (or recommendations) in this document are meant to complement existing international ethical guidelines for research and to inform ethics review processes. Failure to consider ethical and safety issues can result in harm to the physical, psychological, and social well-being of those who participate and can even put lives at risk. Only those with the appropriate training should engage in the collection of information on sexual violence in emergencies.



## **WHO Multi-country Study on Women's Health and Domestic Violence Against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses**

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World Health Organization. 2005.

### **URL**

[http://www.who.int/gender/violence/who\\_multicountry\\_study/en/](http://www.who.int/gender/violence/who_multicountry_study/en/)

### **Purpose**

To provide information on the prevalence of physical, sexual, and emotional violence against women with emphasis on intimate partners violence; to assess the association of partner violence with a range of health outcomes; and to recommend strategies and services that women may use

### **Intended user**

Health policy-makers, health practitioners, and researchers

### **Available language(s)**

English, French, Spanish

### **Description**

This report analyzes data collected from over 24,000 women in 10 countries representing diverse cultural, geographical, and urban/rural settings: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. The study reports on the prevalence of physical, sexual, and emotional violence against women with particular emphasis on violence by intimate partners; assesses the association of partner violence with a range of health outcomes; and recommends strategies and services that women use to cope with violence by an intimate partner. The report culminates in 15 recommendations to strengthen national commitment and action on violence against women by promoting primary prevention, harnessing education systems, strengthening the health sector's response, supporting women living with violence, sensitizing criminal justice systems, undertaking research, and enhancing collaboration.

This study sheds new light on the prevalence of violence against women in countries where few data were previously available. It also uncovers the forms and patterns of this violence across different countries and cultures by documenting the consequences of violence for women's health. Materials to replicate the study methods are available on CD-ROM. The CD-ROM includes study protocol (how the study was conducted), ethical guidelines, a questionnaire, field manuals and other supporting materials, and data processing and analysis materials. The annexes describe the methodology for collecting these data in detail as well as including the questionnaire in Annexes 3 and 4.

## Demographic and Health Surveys

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### URL

<http://www.measuredhs.com/data/Using-Datasets-for-Analysis.cfm>

### Purpose

To provide demographic and health data on developing countries

### Intended user

Program evaluators, researchers, and statisticians

### Available language(s)

English

### Description

The Demographic and Health Surveys have provided technical assistance to 84 countries for the implementation of more than 240 surveys since 1984. The surveys have collected information on a range of health outcomes that include maternal and child health, nutrition, family planning and fertility, sexually transmitted infections, and HIV. All the surveys include information on household composition and background factors such as education, employment, and economic status. All country data can be analyzed to examine sex differentials in health outcomes and the proximate determinants (such as health care utilization) to those outcomes. In addition, many of the surveys implemented have included gender-specific modules which allow for the construction of factors such as women's decision-making power, attitudes about domestic violence, and experience of female genital cutting. The data are available by filling out a short request form and are free of charge.

## **United Nations Economic Commission for Europe, Gender Statistics**

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### **URL**

<http://w3.unece.org/pxweb/>

### **Purpose**

To provide data on socioeconomic factors that are related to economic factors, forestry, gender, and transport

### **Intended user**

Program evaluators, researchers, and statisticians

### **Available language(s)**

English

### **Description**

This database is maintained by the Statistical Division of the United Nations Economic Commission for Europe (UNECE) Secretariat. It provides free access to data that is structured to facilitate easy retrieval of statistics. It is organized by subject or policy areas and offers comparable data for Europe, North America, and Central Asia. Multi-dimensional tables present data by country, by various socioeconomic classifications related to the context, and by time period. Gender statistics is one of the four subject areas included in the database. The Gender Statistics database presents sex-disaggregated social data. This set of data covers the Common Gender Indicators for the ECE region as well as the data series that are used to calculate these indicators.

## WomanStats Database

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### URL

<http://womanstats.org/new/login.php>

### Purpose

To provide data on countries with a population greater than 200,000 (174 countries) from governments, UN human rights bodies, and nongovernmental and intergovernmental organizations

### Intended user

Program evaluators, researchers, and statisticians

### Available language(s)

English

### Description

The WomanStats Database collects data on all countries with a population greater than 200,000—a total of 174 countries. Over 300 variables are available on data covering laws, statistics, and practices within countries: the information available ranges from data on domestic violence to female landownership to political participation. All of the data is freely available to the public. The information on the site is continually updated as newer information becomes available. The WomanStats Database can be used for anything from general research to in-depth quantitative and qualitative analysis. The project focuses primarily on data from governments (especially data submitted to UN human rights bodies), from nongovernmental and intergovernmental organizations, and from country or topic experts. The data also includes anecdotes, interpretations, statements of general fact made by experts and authorities, and other information.

## **Comparative Evaluation of Indicators for Gender Equity and Health**

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WHO Center for Health Development. 2003.

### **URL**

<http://www.publichealth.gov.au/publications/comparative-evaluation-of-indicators-for-gender-equity-and-health.html>

### **Purpose**

To evaluate indicators that are being used by leading international organizations for the purpose of monitoring the status of key issues related to women and health and welfare systems

### **Intended user**

Health information staff, program evaluators, and researchers

### **Available language(s)**

English

### **Description**

This report presents the findings of a research project that was completed as part of the implementation of the Kobe Plan of Action for Women and Health. It was issued in April 2002 at the Third International Meeting on Women and Health, an event organized by the WHO Centre for Health Development (WHO Kobe Centre/WKC), Chiba Prefecture, Japan.

This paper provides the summary of three interrelated reports. These include:

1. an annotated bibliography on indicators for gender equity, gender equality, and health (including conceptual frameworks, development of indicators and indices, and monitoring strategies);
2. a Health Information Framework (rather than a conceptual model about determinants of health) that defines the parameters within which the indicators could be examined, along with issues associated with indicator development and use; and
3. an audit of indicators used by key international organizations concerned with gender and health or proposed by international organizations for development and use.

## **Comparative Evaluation of Indicators for Gender Equity and Health**

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Lin, V.; Gruszin, S.; Ellickson, C., Glover, J.; Silburn, K. Wilson, G. & Poljski, C. International Journal of Public Health. 2007;52:19–26.

### **URL**

<http://www.springerlink.com/content/p36j201gx8m85w47/>

### **Purpose**

To demonstrate that there is merit in developing a core set of gender and health indicators that can be used for comparisons across peer countries and communities

### **Intended user**

Health information staff, program evaluators, and researchers

### **Available language(s)**

English

### **Description**

This paper reports on a comparative evaluation of indicators that are in use—or proposed for use—by leading international organizations to assess their adequacy for the purpose of monitoring key issues related to gender, equity, and health. A comprehensive health information framework was developed for use in the analysis of gender equity within mainstream health systems. A sample of 1,095 indicators used by key international organizations was assessed for technical quality and gender sensitivity. The evaluation found deficiencies in the indicators currently in use from the viewpoint of both technical quality and underlying conceptual bases as well as in their coverage of the framework—especially in relation to health system performance. Routine administrative reporting offered large numbers of indicators, but these did not allow for monitoring of gender equity and health. The paper concludes that there is merit in developing a core set of leading indicators that can be used for comparisons across peer countries and communities.

## **Engendering Human Development: A Critique of the UNDP's Gender-Related Development Index**

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Stanton, E.A. Working Papers Series for Political Economy Research Institute (PERI) at University of Massachusetts Amherst. No. 131. 2007.

### **URL**

<http://ideas.repec.org/p/uma/periwp/wp131.html>

### **Purpose**

To review and critique the UNDP's Gender-Related Development Index (GDI)

### **Intended user**

Researchers

### **Available language(s)**

English

### **Description**

This article:

- reviews the literature critiquing the UNDP's GDI—a measure of human development penalized to the extent of gender inequality in each country;
- presents several original critiques of GDI; and
- presents proposed corrections to the GDI in response to both received and original critiques.

## **Gender Development Index: Two Corrections**

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Nathan, H.S.K.; Rampal, P. & Mishra, S. Quantitative Approaches to Public Policy—Conference in Honour of Professor T. Krishna Kumar. 2009.

### **URL**

[http://works.bepress.com/cgi/viewcontent.cgi?article=1037&context=srijit\\_mishra](http://works.bepress.com/cgi/viewcontent.cgi?article=1037&context=srijit_mishra)

### **Purpose**

To recommend modifications to the Gender Development Index (GDI)

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

The paper suggests two corrections in the measure of GDI:

1. It first proposes to correct for skewed sex-ratio, contending that there is a need to correct for missing women as well as missing men because of war, migration or other reasons. Both anomalies can have adverse implications for females.
2. Secondly, the article suggests measuring attainment as the inverse of the distance from the ideal which corrects for the non-uniformity of development across the three dimensions of health, education and income. An empirical illustration is provided using data for 2006. The combined impact of the two penalties can be decomposed into the sex-ratio effect, non-uniformity effect and the intersection effect.



## Gender Integration Index

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USAID Health Policy Initiative (HPI). 2010.

### URL

[http://www.healthpolicyinitiative.com/Publications/Documents/188\\_1\\_English\\_Gender\\_Integration\\_Index\\_Final\\_FINAL\\_acc.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/188_1_English_Gender_Integration_Index_Final_FINAL_acc.pdf)

### Purpose

To introduce an index for measuring gender integration in policies, procedures, and activities at USAID

### Intended user

Program managers and USAID staff

### Available language(s)

English

### Description

This report introduces an index for measuring gender integration in policies, procedures, and activities for the HPI; however, the index can also be adapted to other approaches to health policy development and implementation. While this tool mainly captures qualitative data that demonstrate the different ways gender is integrated into the project's activities, it also serves as the single project-wide indicator to measure and report on the extent of gender integration in HPI's work.

Experience and evidence show that health and gender equity improve when an organization commits to gender integration by:

1. incorporating gender-equitable internal policies and procedures;
2. bolstering the staff's technical competency related to gender integration;
3. paying attention to gender differences, constraints, and opportunities in the design and implementation of project activities; and
4. measuring the impact of activities on gender equality and health outcomes.

The index measures project activities for three components and helps to answer a common question asked by activity designers and managers who are new to gender integration: What do elements of gender integration look like?

## **Measuring Attitudes Toward Gender Norms Among Young Men in Brazil: Development and Psychometric Evaluation of the GEM Scale**

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Pulerwitz, J. & Barker, G. Men and Masculinities. 2008;10(3):322.

### **URL**

<http://www.engagingmen.net/resource/measuring-attitudes-toward-gender-norms-among-young-men-brazil-development-and-psychometric>

### **Purpose**

To present the Gender-Equitable Men (GEM) Scale which measures attitudes towards gender norms among young men

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

This article describes the development and psychometric evaluation of the GEM Scale, a 24-item scale to measure attitudes towards gender norms among young men. Scale items on gender norms related to sexual and reproductive health, sexual relations, violence, domestic work, and homophobia are designed. The current analysis focuses on the young men because they were the main audience for a planned intervention to promote gender equitable and HIV risk-reduction behaviors. As hypothesized, more support for equitable norms (i.e., higher GEM Scale scores) is significantly associated with less self-reported partner violence, more contraceptive use, and a higher education level.

## **Measuring Care: Gender, Empowerment, and the Care Economy**

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Folbre, N. Journal of Human Development and Capabilities. 2006;7(2):183–199.

### **URL**

<http://www.siyanda.org/search/summary.cfm?nn=3034&ST=SS&Keywords=energy&SUBJECT=0&Donor=&StartRow=1&Ref=Sim> *(not complimentary)*

### **Purpose**

To introduce approaches to define and measure care to better reflect the impact of economic development on women

### **Intended user**

Health information staff, program evaluators, and researchers

### **Available language(s)**

English

### **Description**

The Human Development Report Office has used both the Gender-Related Development Index (GDI) and the Gender Empowerment Measure (GEM) as a means of monitoring international progress in the development of women's capabilities.

This paper addresses the question of how care should be defined and measured to better reflect the impact of economic development on women. The article suggests several possible approaches to develop indices that would measure gender differences in responsibility for the financial and temporal care of dependents. The paper argues that we need better measures of the inputs into care, rather than merely capturing some of the outputs of care in terms of improved health and education in the Human Development Index (HDI).

## **Measuring Gender (In)Equality: Introducing the Gender, Institutions and Development Data Base (GID)**

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Jütting, J.P.; Morrisson, C.; Dayton-Johnson, J. & Drechsler, D. Journal of Human Development and Capabilities. 2008;9(1):65–86.

### **URL**

[http://www.iza.org/conference\\_files/worldb2006/2786.pdf](http://www.iza.org/conference_files/worldb2006/2786.pdf)

### **Purpose**

To demonstrate the utility of the GID and establish, test, and analyze hypotheses regarding cross-country variations in women's economic status

### **Intended user**

Donors, program planners, and researchers

### **Available language(s)**

English

### **Description**

The Development Centre of the Organisation for Economic Co-operation and Development's (OECD) Gender, Institutions and Development Data Base (GID) is a new cross-country research tool with comprehensive measures of gender equality. It was compiled to shed light on the increasingly important impact of institutions on development outcomes. The GID incorporates institutional variables related to norms, laws, codes of conduct, customs, and family traditions that have been neglected in previous quantitative comparative studies. It also permits analysis of hypotheses that link cultural practices to gender equality, human development, and economic growth.

The GID is rooted in a conceptual framework linking outcome variables (such as women's rate of participation in the labor force) to input variables (such as the institutional context, women's access to resources, and the level of economic development). To illustrate the utility of the GID, the paper models the determinants of women's participation in the labor force—an indicator of gender equality as well as an important ingredient for long-run economic growth—and demonstrates that the economic role of women hinges critically on variations in discriminatory social institutions.

## **Measuring Women's Empowerment: An Assessment of the Gender-Related Development Index and the Gender Empowerment Measure**

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Charmes, J. & Wieringa, S. *Journal of Human Development and Capabilities*. 2003;4(3):419–435.

### **URL**

<http://www.tandfonline.com/doi/abs/10.1080/1464988032000125773>

*(not complimentary)*

### **Purpose**

To review the Gender-Related Development Index (GDI) and the Gender Empowerment Measure (GEM) and introduce a women's empowerment matrix tool that links socio-cultural, religious, political, legal, and economic spheres

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

This paper describes current work that aims to enrich existing tools for measuring women's empowerment—particularly the GDI and the GEM. The paper begins with a discussion of gender and power concepts and then introduces a women's empowerment matrix as a tool to help link socio-cultural, religious, political, legal, and economic spheres. It then raises some of the difficulties related to the calculation of the GDI and GEM.

## **Measuring Women's Empowerment as a Variable in International Development**

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Malhotra, A.; Schuler, S.R. & Boender, C. World Bank. 2002.

### **URL**

<http://www4.worldbank.org/afr/ssatp/Resources/HTML/Gender-RG/Source%20%20documents/Technical%20Reports/Gender%20Research/TEGEN5%20Measuring%20Women%27s%20Empowerment%20ICRW%202002.pdf>

### **Purpose**

To outline the most promising methodological approaches to measuring and analyzing women's empowerment

### **Intended user**

Program evaluators, program planners, and researchers

### **Available language(s)**

English

### **Description**

This paper attempts to outline the most promising methodological approaches to measuring and analyzing women's empowerment. Theoretical, methodological, and empirical literature on empowerment from the fields of economics, sociology, anthropology, and demography is reviewed and summarized. Based on the analysis, the paper provides concrete recommendations regarding where the field stands in defining, conceptualizing, and measuring empowerment. It also proposes possible next steps for utilizing and refining existing frameworks, collecting data and conducting analyses, and incorporating approaches from related literatures.

## **On the Measurement of Gender Equality and Gender-Related Development Levels**

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Permanyer, I. *Journal of Human Development and Capabilities*. 2008;9(1):87–108.

### **URL**

<http://www.informaworld.com/smpp/content~db=all~content=a791545597>

*(not complimentary)*

### **Purpose**

To present two alternatives to the Gender-Related Development Index (GDI):

1. Multidimensional Gender-Related Development Index (MGDI)
2. Multidimensional Gender Equality Index (MGEI)

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

This paper presents an overall development index corrected for gender differences—the MGDI—which can be viewed as an alternative to the Gender-Related Development Index. The paper also presents the MGEI that is not influenced by overall development levels. The new MGDI and MGEI are intended to overcome some of the shortcomings that characterize both the United Nations Development Program’s gender-related indices—the Gender-Related Development and the Gender Empowerment Measure—and other indices that try to measure gender inequality by itself.

## **Background Paper: The Construction of the Social Institutions and Gender Index (SIGI)**

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Branisa, B.; Klasen, S. & Ziegler, M. Ibero America Institute for Econ. Research (IAI) Discussion Papers. 2009.

### **URL**

<http://www.oecd.org/dataoecd/49/19/42295804.pdf>

### **Purpose**

To present a useful tool that compares the societal situation of women in non-OECD countries from a perspective of social institutions

### **Intended user**

Donors, program planners, and researchers

### **Available language(s)**

English

### **Description**

This paper outlines the construction of the SIGI using variables of the OECD Gender, Institutions, and Development database. Instead of measuring gender inequalities in education, health, economic, or political participation, the SIGI allows a new perspective on gender issues. It is a composite measure of social institutions which are mirrored by societal practices and legal norms that produce inequalities between women and men in non-OECD countries. Empirical results confirm that the SIGI provides additional information to that of other well-known gender-related indices.



## **The Uses and Misuses of the Gender-Related Development Index and Gender Empowerment Measure: A Review of the Literature**

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Schüler, D. Journal of Human Development and Capabilities. 2006;7(2):161–181.

### **URL**

<http://www.informaworld.com/smpp/content~db=all~content=a747731291>

*(not complimentary)*

### **Purpose**

To review the uses of the Gender-Related Development Index (GDI) and the Gender Empowerment Measure (GEM) and demonstrate their limitations in measuring gender factors

### **Intended user**

Program planners and researchers

### **Available language(s)**

English

### **Description**

The 1995 Human Development Report introduced two new measures of well-being: the GDI and the GEM. This paper reviews the attention that the indexes received in the publications of the United Nations Development Program itself, concentrating on their use in national and sub-national Human Development Reports. It also reviews how the two indexes were used in academia and the press. The main result of the review is that the GDI was wrongly interpreted as a measure of gender inequality. Due to the many misinterpretations, the potential policy impact that the GDI and GEM can have seems limited.

## **Reforming the Gender-Related Index (GDI) and the Gender Empowerment Measure (GEM): Some Specific Proposals**

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Klasen, S. & Schüler, D. Ibero America Institute for Econ. Research (IAI) Discussion Papers. 2009.

### **URL**

<http://ideas.repec.org/p/got/iaidps/186.html>

### **Purpose**

To recommend improvements and alternative approaches to existing gender inequality measures

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

In 2005 and 2006, the Human Development Report Office undertook a review of UNDP's gender-related indicators, particularly the GDI and the GEM. The paper provides concrete proposals for the two gender-related indicators by presenting illustrative results for these proposed measures. The most important proposals include the calculation of a male and female HDI and a gender gap index (GGI), to replace the GDI, that can be interpreted more directly as a measure of gender inequality. Regarding the GEM, the most important changes are different ways to deal with the earned income component and how to replace it with a more straightforward procedure to calculate the measure.

## **Validity of the WHO VAW Study Instrument for Estimating Gender-Based Violence Against Women**

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Schraiber, L.B.; Latorre, M.R.D.O.; França Jr, I.; Segri, N.J. & D'Oliveira, A.F.P.L. Revista de Saúde Pública. 2010;44:658–666.

### **URL**

[http://www.scielo.org/scielo.php?pid=S0034-89102010000400009&script=sci\\_arttext&tlng=en](http://www.scielo.org/scielo.php?pid=S0034-89102010000400009&script=sci_arttext&tlng=en)

### **Purpose**

To validate an instrument for estimating gender-based violence against women perpetrated by intimate partners

### **Intended user**

Health practitioners, program evaluators, and researchers

### **Available language(s)**

English, Portuguese

### **Description**

This paper seeks to validate the instrument of the WHO Violence Against Women study on psychological, physical, and sexual violence against women perpetrated by intimate partners. The instrument was shown to be adequate for estimating gender-based violence against women perpetrated by intimate partners, and it can also be used in studies on this subject. It has high internal consistency and a capacity to discriminate between different forms of violence (psychological, physical, and sexual) perpetrated in different social contexts. The instrument also characterizes the female victim and her relationship with the aggressor, thereby facilitating gender analysis.

## **Walking a Fine Line: Addressing Issues of Gender with WomanStats**

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Caprioli, M.; Hudson, D.V.M.; Stearmer, S.M.; McDermott, R.; Emmett, C. & Ballif-Spanvill, B. Annual International Studies Association Conference in Chicago, Illinois. 2007.

### **URL**

<http://www.womanstats.org/images/ISA2007WomanStats.pdf>

### **Purpose**

To provide systematic guidance and validity for the choice of gender variables

### **Intended user**

Program evaluators, researchers, and statisticians

### **Available language(s)**

English

### **Description**

A growing body of literature within conflict studies provides analysis on the effect of gender inequality on state behavior both internationally and domestically. The authors survey the literature to identify variables used to measure gender equality and examine how they are used. They explore the strengths and weaknesses of these measures and identify possible alternatives. Finally, they examine the association of the variables that are available over a longer time span with those that may be considered better variables, but have limited availability. The aim of this research is to provide systematic guidance and validity for the choice of gender variables.

## **Why We Should All Care About Social Institutions Related to Gender Inequality**

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Branisa, B.; Klasen, S. & Ziegler, M. Courant Research Centre: Poverty, Equity and Growth-Discussion Papers. 2009.

### **URL**

<http://ideas.repec.org/p/got/gotcrc/015.html>

### **Purpose**

To demonstrate how social institutions influence long-lasting norms, values, and codes of conduct that shape gender roles, thereby affecting gender inequality

### **Intended user**

CSOs, donors, program planners, and researchers

### **Available language(s)**

English

### **Description**

Institutions are a major factor explaining development outcomes. This study focuses on how social institutions influence long-lasting norms, values, and codes of conduct that shape gender roles; it also presents evidence on why these institutions matter for development. Hypotheses from existing theories are empirically tested at the cross-country level with linear regressions using the newly created Social Institutions and Gender Index (SIGI) and its sub-indices as measures for social institutions. The study found that apart from geography, political system, religion, and the level of economic development social institutions related to gender inequality must be considered to better account for differences in development.

The results show that social institutions that deprive women of their autonomy and bargaining power in the household, or that increase the private costs and reduce the private returns to investments into girls, are associated with lower female education, higher fertility rates, and higher child mortality. Moreover, social institutions related to gender inequality are negatively associated with governance measured as rule of law and voice and accountability.

## **A Focus on Gender: Collected Papers on Gender Using DHS Data**

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Basu, A.M.; Brookes, M., Desai S.; Hindin, M.J.; Hossain, M.B.; Johnson, K.; Kishor, S.; Koolwal, G.B.; Matthews, Z.; Mumtaz, Z.; Thompson, D.; Salway, S.; Slaymaker, E. & Stones, R.W. Demographic Health Survey (DHS). 2005.

### **URL**

<http://www.measuredhs.com/publications/publication-OD32-Other-Documents.cfm>

### **Purpose**

To offer six working papers on the dynamics of gender in developing countries and demonstrate the obstacles to defining and measuring women's empowerment and/or autonomy

### **Intended user**

CSOs, program managers, program planners, researchers, and statisticians

### **Available language(s)**

English

### **Description**

This report presents a collection of six working papers on the dynamics of gender in developing countries. The papers, commissioned by the MEASURE DHS project, were prepared by researchers recognized for their work in the areas of demography, reproductive health, and gender. The analyses presented are based on data from the DHS project. A common theme of several of the papers is the struggle to define women's empowerment and/or autonomy and then to adequately measure it. Five of the working papers in this volume focus on the gender questions in the core DHS questionnaire, particularly those that address household decision-making, women's autonomy and empowerment, and women's relationship to different population, health, and nutrition (PHN) outcomes of interest. The last paper examines whether PHN outcomes of interest vary by women's experience of domestic violence. The PHN outcomes studied in the papers include child health, nutrition, mortality, women's nutrition, maternal care, and reproductive health as well as condom use and the risk of sexually transmitted infections.

## **Alcohol, Gender, Culture, and Harms in the Americas: PAHO Multicentric Study Final Report**

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Taylor, B.; Rehm, J.; Caldera Aburto, J.T.; Bejarano J.; Cayetano, C.; Kerr-Correa, F.; Ferrand, M.; Gmel, G.; Graham, K.; Greenfield, T.; Laranjeira, R.; Lima, M.; Magri, R.; Monteiro, M.; Mora, M.; Munné, M.; Romero, M.; Tucci, A. & Wilsnack, S. PAHO. 2007.

### **URL**

[http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_details&gid=2384&Itemid=1396](http://new.paho.org/hq/index.php?option=com_docman&task=doc_details&gid=2384&Itemid=1396)

### **Purpose**

To highlight alcohol-related predictors and outcomes for ten countries in the Americas

### **Intended user**

Health educators, health policy-makers, health practitioners, program managers, and program planners

### **Available language(s)**

English

### **Description**

Data from this study highlight alcohol-related predictors and outcomes for ten countries (Argentina, Belize, Brazil, Canada, Costa Rica, Nicaragua, Mexico, Peru, Uruguay, and the United States). Wide differences were seen in volume of alcohol consumption and heavy episodic drinking between countries. Alcohol consumption levels are higher than the global average while abstention rates for both men and women are consistently lower. Men have higher levels of all alcohol-attributable burdens of disease compared to women, both in terms of higher total volume and more harmful patterns of drinking including heavy episodic drinking. This report highlights the importance of disaggregating sub-regional WHO data to the country level in order to see differences in consumption and corresponding risk of alcohol and to better inform country-specific alcohol policies capable of addressing the alcohol consumption and related problems.

## **Cross-National Variation in Attitudinal Measures of Gender Preference for Children: An Examination of Demographic and Health Surveys from 40 Countries**

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Fuse, K. Demographic Health Survey (DHS). 2008.

### **URL**

<http://www.measuredhs.com/publications/publication-WP44-Working-Papers.cfm>

### **Purpose**

To advance the understanding of gender preferences for children in developing countries by examining attitudinal measures of gender preference cross-nationally

### **Intended user**

Program managers and program planners

### **Available language(s)**

English

### **Description**

Using data from 40 Demographic and Health Surveys conducted between 2000 and 2006, this paper advances the understanding of gender preferences for children in developing countries by examining attitudinal measures of gender preference cross-nationally. The paper explores basic socioeconomic determinants of attitudinal gender preference. While the most popular type of preference in the vast majority of countries is balance preference (preference for an equal number of girls and boys), findings of this study show that countries and regions vary widely in prevalence of son and daughter preferences. Daughter preference is common in most of Latin America and the Caribbean, some of Southeast Asia, and in about one-third of sub-Saharan African countries. Son preference is most common in North Africa, South Asia, some of Southeast Asia, and in about two-thirds of sub-Saharan African countries examined. Of the socioeconomic factors examined, lower educational attainment and lower levels of household wealth generally explain gender preferences for children, particularly in countries where son preference is pronounced.



## **Female Genital Cutting in the Demographic and Health Surveys: A Critical and Comparative Analysis**

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Yoder, P.S.; Abderrahim, N. & Zhuzhuni, A. Demographic Health Survey (DHS). 2004.

### **URL**

<http://www.measuredhs.com/publications/publication-CR7-Comparative-Reports.cfm>

### **Purpose**

To provide basic information on the distribution and practice of female genital cutting (FGC) and encourage country-specific analysis of DHS data on FGC

### **Intended user**

Donors, program managers, program planners, and researchers

### **Available language(s)**

English

### **Description**

This comparative report summarizes data on FGC from DHS implemented between 1989 and 2002. It is intended to make more accessible the basic information on the distribution and practice of FGC and to encourage country-specific analysis of DHS data on FGC. The report describes the types of DHS data available on FGC, outlines some overall patterns in the data, identifies important changes over time, and comments on the questionnaires used from 1989 to 2002. By the end of 2002, there were a total of 20 DHS surveys that included questions on the circumcision status of women. The surveys covered 15 countries in Africa and also Yemen. This study illustrates how these data can be used to inform programs, examines the development of questions used in the surveys, and reflects on the data collection process. It also raises questions about the status of FGC in individual countries that can best be answered by further analysis of data from these countries.

## **Health of Women and Men in the Americas, Profile 2009**

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Jara, L.; Roberts, E. & Gómez, E.G. PAHO. 2009.

### **URL**

[http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2568&Itemid=962](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2568&Itemid=962)

### **Purpose**

To present data on the inequities between women and men and show how these inequalities affect health, access to health services, and contribution to health care

### **Intended user**

Donors, health policy-makers, program managers, and program planners

### **Available language(s)**

English, Spanish

### **Description**

The information presented in this document shows that inequalities between women and men persist throughout the Americas—and that they are more profound in the most vulnerable groups. Despite gaps in the information available, this profile points out the areas in which health inequalities between women and men are evident, especially in terms of a number of priorities set in the Program of Action of the International Conference on Population and Development (Cairo, 1994), the Platform for Action of the Fourth World Conference on Women (Beijing, 1995), the Millennium Development Goals (2001), and the PAHO Gender Equality Policy (2005). The main points that emerge from the present document relate to the availability of data, the systematic differences between women and men in health-related areas, the social determinants that drive these differences, and the need to gain more knowledge about key issues through specific research.

## **Intimate Partner Violence Among Couples in 10 DHS Countries: Predictors and Health Outcomes**

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Hindin, M.J.; Kishor, S. & Ansara, D.L. Macro International Inc. & Demographic Health Survey (DHS). 2008.

### **URL**

<http://www.measuredhs.com/publications/publication-as18-analytical-studies.cfm>

### **Purpose**

To provide prevalence estimates of intimate partner violence (IPV), identify key country-specific characteristics that are associated with IPV, and outline the health outcomes associated with IPV

### **Intended user**

Donors, health practitioners, health educators, program managers, program planners, and researchers

### **Available language(s)**

English

### **Description**

This report analyzes DHS data from ten countries (Bangladesh, Bolivia, the Dominican Republic, Haiti, Kenya, Malawi, Moldova, Rwanda, Zambia, and Zimbabwe). The first part of the report provides prevalence estimates of violence experienced by women who were in marital or cohabiting partnerships at the time of the DHS survey. Next, the report uses characteristics of both women and their husbands/cohabiting partners and characteristics of their relationship, household, and community to evaluate which currently partnered women are most at risk. The final part of the report looks at health outcomes potentially related to women's experience of IPV. This report focuses on currently married or cohabiting women age 20–44. In addition, the correlates of violence analysis are restricted to couples in which both partners were interviewed; however, this restriction does not apply to the section on the analysis of health outcomes.

## **Gender, Health and Development in the Americas, Basic Indicators**

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PAHO, UNIFEM & UNFPA. 2009.

### **URL**

<http://www.paho.org/Project.asp?SEL=HD&LNG=ENG&ID=378>

### **Purpose**

To raise awareness of gender inequities and promote the use of sex-disaggregated health statistics in the development of targeted health and development policies and other initiatives

### **Intended user**

Donors, health policy-makers, program managers, and program planners

### **Available language(s)**

English, Spanish

### **Description**

This is the 4th edition of the PAHO/WHO's "Gender, Health and Development in the Americas" brochure. The brochure profiles gender differences in health and development in the 48 states and territories in Latin America and the Caribbean, focusing on women's reproductive health, access to key health services, and major causes of death. Its objective is to raise awareness of gender inequities in the region and promote the use of sex-disaggregated health statistics in the development of targeted health and development policies and other initiatives. The interplay between biological inequalities and differences in the gender roles and norms that society assigns to women and men has a differential impact on life styles, risk factors, access to health resources and their use, health system responses, and also the way in which people get sick and die. This brochure sheds light on the gaps in the field of information and reveals the need to continue coordinated efforts to improve the collection of data disaggregated by sex, ethnic origin, age, place of residence, and other key variables as well as data analysis and the use of the information.

## **Homicide in Brazil: A Gender and Diversity Analysis**

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Isfeld, H. PAHO. No Date.

### **URL**

[http://new.paho.org/hq/dmdocuments/2010/Homicide\\_Brazil\\_gender\\_case\\_study.pdf](http://new.paho.org/hq/dmdocuments/2010/Homicide_Brazil_gender_case_study.pdf)

### **Purpose**

To examine gender-related factors related to homicide in Brazil and to promote more effective interventions

### **Intended user**

CSOs, donors, health policy-makers, program managers, program planners, and researchers

### **Available language(s)**

English

### **Description**

The data described in this case study were derived from the Mortality Information System (MIS) administered by Brazil's Ministry of Health. The data includes homicide counts, crude prevalence rates, and age-adjusted prevalence rates for Brazilian males and females by region and state from 2001 to 2007. Also, sex-disaggregated data allow additional comparisons of age and of racial groupings. The gender and diversity analysis applied in this case study has shown what more can be learned about homicide from a consideration of social norms, roles, and ideology that influence the risks and experience of homicide and violence.

That gender is central to this analysis reflects its importance and universality as an organizing principle by which individuals perceive and interpret their world, learn social norms that guide behavior, or are ascribed power to gain resources or advantages that enhance their chances for survival. It is important to understand how the experience of homicide differs for men, women, blacks, whites, street-involved youth, urban migrants, or domestic workers in order to effectively intervene in the conditions, behaviors, and systemic pathways that lead to homicide. Although local planning informed by community consultation is the most valid and rich source of gender and diversity-sensitive strategies, this analysis may raise some relevant issues for the development of policies.

## **Gender and Tuberculosis: Cross-site Analysis and Implications of a Multi-country Study in Bangladesh, India, Malawi, and Colombia**

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Weiss, M.G.; Auer, C.; Somma, D.B.; Abouihia, A.; Kemp, J.; Jawahar, M.S.; Karim, F. & Arias, N.L. WHO. 2006.

### **URL**

<http://archive.k4health.org/toolkits/igwg-gender/gender-and-tuberculosis-cross-site-analysis-and-implications-multi-country-stud>

### **Purpose**

To address practical considerations about the role of gender in tuberculosis (TB) and TB control in four low- to middle-income countries of Asia (Bangladesh and India), Africa (Malawi), and South America (Colombia)

### **Intended user**

Donors, health educators, health policy-makers, health practitioners, program planners, and program managers

### **Available language(s)**

English

### **Description**

Gender differentials can occur at different levels of TB control because they affect patients' ability to access appropriate care, undergo examination, submit sputum for microscopic testing, and initiate and complete treatment. Despite notable achievements in expanding and implementing directly observed treatment short course (DOTS) programs for TB over the past decade, evidence indicates that gender-related barriers and questions about their magnitude and nature persist. The report addresses practical questions about the role of gender in TB and TB control in four low- to middle-income countries of Asia (Bangladesh and India), Africa (Malawi), and South America (Colombia).

Findings indicate critical links between the interests of TB control, gender studies, and the socio-cultural contexts of poverty, restricted access to needed resources, and interactions between illness and victimization. The cross-site analysis of findings presented in this report identifies implications and suggests specific strategies for improving TB control through gender-sensitive and locally appropriate community action, clinic operations, program monitoring, and action-oriented research for TB control.

## Gender in Tuberculosis Research

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Somma, D.; Auer, C.; Abouihia, A. & Weiss, M.G. WHO. 2004.

### URL

<http://www.who.int/gender/documents/tuberculosis/9241592516/en/index.html>

### Purpose

To present the evidence on gender differentials related to tuberculosis (TB)

### Intended user

Health practitioners, program managers, program planners, and researchers

### Available language(s)

English

### Description

This review examines various studies in the literature and those undertaken by the WHO/TDR (WHO Special Program for Research and Training in Tropical Diseases) on the role of gender in tuberculosis control. The findings indicate that women progress from infection to active TB faster than men do, but the reported incidence of pulmonary TB among women is nearly always lower than for men. It remains unclear whether (and to what extent) these differences are a true reflection of disease incidence or an indication of health system failures to detect and report female cases. Additionally, women are more likely than men to adhere to treatment and to complete a full course. The report recommends that research on gender and TB needs to focus on ways of enhancing the effectiveness of case finding for women, preventing treatment default, and identifying operationally precise reasons for default among men and women. The stepwise gender-specific barrier framework guiding the review helps to ensure a practical focus for such research.

## **Gender Equality and Women's Empowerment in India**

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Kishor, S. & Gupta, K. Demographic Health Survey (DHS). 2009

### **URL**

<http://www.measuredhs.com/pubs/pdf/od57/od57.pdf>

### **Purpose**

To provide a snapshot of gender equality and levels of women's empowerment in India

### **Intended user**

Program evaluators

### **Available language(s)**

English

### **Description**

This report provides information on progress in India toward the inter-related goals of gender equality and women's empowerment, the determinants of selected indicators of gender equality and women's empowerment, and the associations of women's empowerment with selected health and nutritional outcomes. The report examines these and related indicators to provide a snapshot of gender equality and levels of women's empowerment in India. Specifically, it presents data on multiple indicators drawn from the 2005–06 National Family Health Survey (NFHS-3) to examine the levels in the co-dependent concepts of women's empowerment and gender equality in India and its 29 states. Also, in keeping with the third aspect of gender noted above (i.e., the ability of gender to change and adapt), trends over time in key indicators of gender equality and women's empowerment are also discussed. The discussion of trends is based on data from NFHS-1 (1992–93) and NFHS-2 (1998–99) in addition to NFHS-3 data.



## **Understanding Women’s Empowerment: A Comparative Analysis of Demographic and Health Surveys (DHS) Data**

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Kishor, S. & Subaiya, L. Demographic Health Survey (DHS). 2008.

### **URL**

<http://www.measuredhs.com/publications/publication-CR20-Comparative-Reports.cfm>

### **Purpose**

To compare women’s levels of empowerment across countries, to better understand which factors enhance women’s household decision-making and promote egalitarian gender-role attitudes, and to determine if the different measures of empowerment are related to each other in similar ways and if these measures have a positive relationship with variables such as education, employment, media exposure, age at first marriage, and spousal age difference

### **Intended user**

Health information staff, program managers, program planners, researchers, and statisticians

### **Available language(s)**

English

### **Description**

This report examines the distribution and correlates of two different dimensions of empowerment (women’s participation in household decision-making and their attitudes regarding specific inequalities in gender roles) of currently married women age 15–49 in 23 developing countries. In all, this study examines 12 indicators for women’s participation in decision-making and 11 indicators for two different sets of women’s gender-role attitudes. The main goals of the analysis are to:

1. compare women’s levels of empowerment across these countries;
2. better understand which factors enhance women’s household decision-making and promote egalitarian gender-role attitudes;
3. determine whether the different measures of empowerment are related to each other in similar ways; and
4. determine whether these measures of empowerment have a positive relationship with variables—such as education, employment, media exposure, age at first marriage, and spousal age difference—that can be affected by policies and programs.

The results presented in this report lead to two sets of conclusions, one related to the development of policies and programs for enhancing women’s empowerment and the other related to the measurement of empowerment.

## **Profiling Domestic Violence: A Multi-country Study**

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Kishor, S. & Johnson, K. Demographic Health Survey (DHS). 2004

### **URL**

<http://www.measuredhs.com/pubs/pdf/od31/od31.pdf>

### **Purpose**

To provide a multi-country analysis of domestic violence and raise awareness about the wide-ranging significances of violence

### **Intended user**

CSOs, health information staff, health policy-makers, health practitioners, program planners, and statisticians

### **Available language(s)**

English

### **Description**

This report provides a comprehensive analysis of the phenomenon of domestic violence from an international perspective, covering both the prevalence of violence and its contexts and correlates. The report serves as a tool for raising awareness about the wide-ranging significances of violence and also for informing the work of policy-makers and program planners. This study examines the bivariate relationships of domestic violence with a number of demographic and health outcomes including women's and children's nutritional status, women's fertility, the intendedness of a woman's most recent birth, birth spacing, unmet need and contraceptive use, the likelihood of having a non-live birth, the prevalence of sexually transmitted infections, access to antenatal and delivery care, infant and child mortality, and vaccination coverage for children age 12–35 months. The study uses household and individual-level data from the DHS to examine the prevalence and correlates of domestic violence and the health consequences for women and their children. Nationally representative data from nine countries are analyzed within a comparative framework to provide a multi-faceted analysis of the phenomenon of domestic violence.

## **Prevalence of Intimate Partner Violence: Findings from the WHO Multi-country Study on Women's Health and Domestic Violence**

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Garcia-Moreno, C.; Jansen, H.; Ellsberg, M.; Heise, L. & Watts, C. Lancet. 368: 1260–69, 2006.

### **URL**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)69523-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69523-8/abstract)

### **Purpose**

To estimate the extent of physical and sexual intimate partner violence against women in ten countries

### **Intended user**

CSOs, health practitioners, program managers, program planners, and researchers

### **Available language(s)**

English

### **Description**

The study aims to estimate the extent of physical and sexual intimate partner violence against women in 15 sites in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania). Women aged 15–49 years who had ever had a male partner were interviewed via household surveys from 2000 to 2003 about their experiences of physically and sexually violent and emotionally abusive acts. The reported lifetime prevalence of physical or sexual partner violence, or both, varied from 15% to 71%, with two sites having a prevalence of less than 25%, seven between 25% and 50%, and six between 50% and 75%. Between 4% and 54% of respondents reported physical or sexual partner violence, or both, in the past year. Men who were more controlling were more likely to be violent against their partners. In all but one setting, women were at far greater risk of physical or sexual violence by a partner than from violence by other people. The findings confirm that physical and sexual partner violence against women is widespread. The variation in prevalence within and between settings highlights that this violence is not inevitable and must be addressed.

## **The Association Between Violence Against Women and HIV: Evidence from a National Population-Based Survey in Zimbabwe**

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Nyamayemombe, C.; Mishra, V.; Rusakaniko, S.; Benedikt, C.; Gwazane, M. & Mukweza, P. Demographic Health Survey (DHS). 2010.

### **URL**

<http://measuredhs.com/publications/publication-wpz4-working-papers.cfm>

### **Purpose**

To examine risk factors for spousal violence among currently married and ever-married women in Zimbabwe

### **Intended user**

CSOs, health practitioners, health educators, program managers, and program planners

### **Available language(s)**

English

### **Description**

Although Zimbabwe has been experiencing a significant decline of adult HIV prevalence in recent years, women remain disproportionately infected and affected by the epidemic. Additionally, violence against women in Zimbabwe, which is associated with increased risk of HIV infection, is widespread. The 2005–06 Zimbabwe Demographic and Health Survey (ZDHS) provides the first national estimate of the prevalence of violence against women and also the first population-based estimates of HIV prevalence and patterns. The analysis describes the prevalence of emotional, physical, and sexual violence against women and the differentials in spousal violence by socio-demographic characteristics; it also compares spousal violence by women's HIV status. Multivariate logistic regression was used to examine selected risk factors for spousal violence among currently married and ever-married women.

Results confirm that violence against women is widespread in Zimbabwe. After controlling for other factors, the analysis found that the number of children ever born, polygyny, and accepting attitudes toward violence were strongly associated with spousal violence among currently married women. However, because the study uses cross-sectional data, it could not make conclusions about the causal relationship between violence against women and HIV transmission. Despite this, the findings call for special attention to societal values and norms on gender equality in programming, both for prevention of violence against women and prevention of HIV. It is within marriage that women's options for HIV prevention become limited. Increased attention to individual and collective responsibility for protecting against HIV and for preventing violence against women will sustainably reduce the incidence of both problems.

## **Female Genital Cutting in Guinea: Qualitative and Quantitative Research Strategies**

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Yoder, P.S. & Mahy, M. Demographic Health Survey (DHS). 2001.

### **URL**

<http://www.measuredhs.com/publications/publication-AS5-Analytical-Studies.cfm>

### **Purpose**

To present evidence from studies on female genital cutting (FGC) in Guinea

### **Intended user**

CSOs, donors, health policy-makers, program managers, program planners, and researchers

### **Available language(s)**

English

### **Description**

This report presents the results of two studies of FGC carried out in Guinea in 1998 and 1999. The smaller formative study used open-ended questions while the larger descriptive study obtained the vocabulary and descriptive phrases commonly used to discuss FGC, individual accounts of the experience of female circumcision, and information about the social context of the practice. A comparison of the results showed many examples of corroboration and complementarities in the two studies. The results of both studies indicate that: FGC is nearly universal in Guinea, girls are being circumcised at younger ages than in the past, there is a clear tendency toward medicalization of FGC, and the practice of FGC forms part of the expectations of most individuals.

## **Measuring Empowerment in Practice: Structuring Analysis and Framing Indicators**

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Alsop, R. & Heinsohn, N. World Bank. 2005.

### **URL**

[http://siteresources.worldbank.org/INTEMPowerment/Resources/41307\\_wps3510.pdf](http://siteresources.worldbank.org/INTEMPowerment/Resources/41307_wps3510.pdf)

### **Purpose**

To provide a framework and tools to measure and monitor empowerment processes and outcomes

### **Intended user**

Program evaluators, program planners, and researchers

### **Available language(s)**

English

### **Description**

This paper presents an analytic framework that can be used to measure and monitor empowerment processes and outcomes. The measuring empowerment (ME) framework, rooted in both conceptual discourse and measurement practice, illustrates how to gather data on empowerment and structure its analysis. The framework can be used to measure empowerment at both the intervention level and the country level as a part of poverty or governance monitoring. Following the conceptual discussion and the presentation of the analytic framework, this paper illustrates how the ME framework can be applied using examples from four development interventions. The paper also presents a draft module for measuring empowerment at the country level. The module can be used alone or be integrated into country-level poverty or governance monitoring systems that seek to add an empowerment dimension to their analysis.

## **The POWER Report**

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Project for an Ontario Women's Health Evidence Base Report. No date.

### **URL**

<http://www.powerstudy.ca/the-power-report>

### **Purpose**

To provide policy-makers, providers, advocates, and consumers with findings on the health differences between men and women and between various groups of women in Ontario, Canada

### **Intended user**

Advocates, health policy-makers, and health practitioners

### **Available language(s)**

English

### **Description**

The POWER Report provides findings on the health differences between men and women and between various groups of women in Ontario, Canada. Differences reported are associated with age, income, education, ethnicity, language, and where the person lives in the province. Reports assessing indicators of health and health care are a way of measuring and monitoring the performance of health care systems and the health of populations. Reporting and monitoring is an important strategy for improving the quality and outcomes of health care. Where possible, data are analyzed at the level of Ontario's Local Health Integration Networks (LHINs). Where data do not exist to support LHIN-level analysis, findings are reported at the provincial level. The POWER Report contains two separate volumes that contain chapters devoted to leading causes of women's disability and mortality.

## **Uganda: Key Findings from the 2006 UDHS: A Gender Perspective**

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Demographic Health Survey (DHS). 2007.

### **URL**

<http://www.measuredhs.com/pubs/pdf/FA64/FA64.pdf>

### **Purpose**

To summarize the key demographic and health differences between women and men in Uganda

### **Intended user**

Health policy-makers, program evaluators, program managers, and program planners

### **Available language(s)**

English

### **Description**

Women in Uganda have a lower standard of health, less schooling, and fewer opportunities than men. This report is based on the 2006 Uganda Demographic and Health Survey (UDHS) and summarizes the key differences between women and men reported in the full version of the UDHS. Topics covered include education, employment, and household decision-making; marriage and parenthood; fertility and family planning; HIV/AIDS knowledge, attitudes, and behavior; and experience of violence. Conclusions and recommendations regarding each of the above topics are also discussed.



## **Better Science with Sex and Gender: Facilitating the Use of a Sex and Gender-Based Analysis in Health Research**

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Johnson, J.L.; Greaves, L. & Repta, R. Int J Equity Health. 2009;8:14.

### **URL**

<http://www.equityhealthj.com/content/pdf/1475-9276-8-14.pdf>

### **Purpose**

To provide background on sex and gender as well as a sex and gender-based analysis (SGBA) tool

### **Intended user**

Program evaluators and researchers

### **Available language(s)**

English

### **Description**

Despite increased attention on sex and gender, there remain obstacles to effectively applying and measuring these concepts in health research. Some health researchers continue to ignore the concepts of sex and gender or incorrectly conflate their meanings. This article reports on a primer that was developed by the authors to help researchers understand and use the concepts of sex and gender in their work. The article focuses on the influence of sex and gender on health behaviors and outcomes and applying and measuring these concepts in health research. This report provides detailed definitions of sex and gender, discusses an SGBA, and suggests three approaches for incorporating sex and gender in health research at various stages of the research process. The authors discuss their knowledge translation process and share some of the challenges faced in disseminating the primer with key stakeholders. In conclusion, they stress the need for continued attention to sex and gender in health research.

## **Developing Gender Statistics: A Practical Tool**

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United Nations Economic Commission for Europe (UNECE) Task Force on Gender Statistics Training for Statisticians. 2010.

### **URL**

<http://www.unece.org/stats/gender/manual/Welcome.html>

### **Purpose**

To guide statistical organizations in the production and use of gender statistics

### **Intended user**

Advocates and researchers

### **Available language(s)**

English, Russian

### **Description**

This tool represents a consolidated reference for any organization or individual interested in producing information about gender differences; it guides producers of gender statistics and assists in improving the availability of high-quality information on women and men. The manual stresses the importance of producing and analyzing statistics on gender differences and provides guidance on data production. It also reviews implications for data collection and examines methods for improving the use of gender statistics through communication strategies and dissemination platforms such as interactive databases and web sites. The tool also provides guidance on advocacy and partnership building through campaigning, creating legislation, and defining a gender statistics program.

## **Gender, Health, and Development in the Americas 2003**

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Population Reference Bureau. 2004.

### **URL**

<http://www.prb.org/Publications/Datasheets/2003/GenderHealthandDevelopmentintheAmericas2003.aspx>

### **Purpose**

To raise awareness of gender inequities in the Americas and promote the use of sex-disaggregated health statistics for policies and programs

### **Intended user**

CSOs, health policy-makers, program managers, and program planners

### **Available language(s)**

English

### **Description**

This document profiles gender differences in health and development in 48 countries in the Americas, focusing on women's reproductive health, access to key health services, and major causes of death. Its objective is to raise awareness of gender inequities in the region and to promote the use of sex-disaggregated health statistics for policies and programs. The data sheet also provides basic population and development indicators and information on other factors that influence health including education, employment, political participation, and risk factors. It also offers basic information for identifying sex differences in these areas which can serve as a first step for conducting a gender analysis of health. As more data disaggregated by sex and socioeconomic status become available, future editions of this publication will fill in the gaps in gender equity and health information. Staff of the PAHO and the PRB compiled this information using data from official national sources as well as data collected by specialized international agencies.

## **Guidelines for Developing a Population-Based Gender and Health Profile**

Haworth-Brockman, M. & Isfeld, H. PAHO. 2009.

### **URL**

[http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=1628&Itemid=207](http://new.paho.org/hq/index.php?option=com_content&task=view&id=1628&Itemid=207)

### **Purpose**

To use the data, related literature, and gender-based analysis to improve health, health determinants, and health system performance

### **Intended user**

Health policy-makers, program evaluators, program planners, and researchers

### **Available language(s)**

English, Spanish

### **Description**

This guide describes how to develop and present a gender and health profile for health policy and planning. A gender and health profile is a summary of data and related information that describes health and its determinants for a population. The aim is to use the data, related literature, and gender-based analysis to improve health, health determinants, and health system performance. Gender-based analysis is used to understand how sex-disaggregated data relate to the daily lives of men, women, girls, and boys. The population health story described in a profile is built upon a series of indicators, or measurements, of key health concerns or topics. A profile can be developed for just one health topic or for many topics and indicators in a framework of topic areas. The content of a profile is based on both numerical (quantitative) and narrative (qualitative) data. Current academic research, government documents, and community reports provide other valuable information in a profile about why trends and data points are observed, and how they may have come about.

## **Guidelines for Gender-Based Analysis of Health Data for Decision Making**

Haworth-Brockman, M. & Isfeld, H. PAHO, Prairie Women's Health Centre of Excellence. 2009.

### **URL**

[http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=1629&Itemid=962](http://new.paho.org/hq/index.php?option=com_content&task=view&id=1629&Itemid=962)

### **Purpose**

To demonstrate how to integrate gender-based analysis using health surveillance data and data from surveys or other sources to develop, change, and improve health policy, planning, and programming

### **Intended user**

Health policy-makers, program managers, and program planners

### **Available language(s)**

English, Spanish

### **Description**

This publication highlights the importance of using data disaggregated by sex, age, socioeconomic level, ethnic group, sexual orientation, geographic area, and other context-specific factors. A gender-based analysis considers how gender roles and norms interact with biological sex differences to influence the health of women, men, boys, and girls. This analysis is crucial for effective and targeted decision making.

## **Checklist for Assessing the Gender Responsiveness of Sexual and Reproductive Health Policies: Pilot Document for Adaptation to National Contexts**

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WHO Regional Office for Europe. 2010.

### **URL**

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0007/76525/E93584.pdf](http://www.euro.who.int/_data/assets/pdf_file/0007/76525/E93584.pdf)

### **Purpose**

To assist in the implementation of reproductive-health (RH) policies that integrate approaches to gender equity/equality

### **Intended user**

Health policy-makers, health practitioners, program managers, and program evaluators

### **Available language(s)**

English

### **Description**

RH programs that integrate gender equity/equality objectives maximize access and quality, support individual decision making and reproductive choice, increase sustainability, and put into practice international commitments and WHO recommendations. This checklist should help those assessing how gender is integrated into RH policies to structure their assessment and identify gaps and strengths.

### **Consolidating a Gender Perspective in the PROCOSI Network**

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Palenque, E.; Riveros-Hamel, P. & Vernon, R. Population Council & FRONTIERS in Reproductive Health. 2007.

#### **URL**

[http://www.popcouncil.org/pdfs/frontiers/FR\\_FinalReports/Bolivia\\_PROCOSI.pdf](http://www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Bolivia_PROCOSI.pdf)

#### **Purpose**

To help facilities conduct self-assessments, identify strengths and deficiencies in terms of gender-sensitive services, and develop action plans to improve gender-related services

#### **Intended user**

CSOs, health facility managers, health practitioners, program evaluators, and program managers

#### **Available language(s)**

English

#### **Description**

The Integral Health Coordination Program (PROCOSI) is a network of 33 domestic and international nongovernmental organizations (NGOs) in Bolivia. PROCOSI and FRONTIERS initiated a two-year project in 2005 to develop a system to certify service delivery NGOs and their management support NGOs as gender sensitive. The strategy includes a guidance tool to help facilities conduct self-assessments, identify strengths and deficiencies in terms of gender-sensitive services, and develop action plans to improve gender-related services.

The certification system entails an initial self-assessment followed by the development and implementation of improvement plans until a minimum of 80% of a set of quality and gender standards have been met. Teams from 17 participating NGOs implemented the training activities, infrastructure changes, procedures, and revisions of statutes. Once an internal assessment by the team showed that this goal had been met, the NGO requested an external evaluation to verify that the standards had been met, in which case the NGO received certification at a public event. The certification is only valid for two years, so the NGOs have to repeat the procedure periodically. Detailed information on how this certification process was implemented is provided in the document.

## **Gender Analysis in Health: A Review of Selected Tools**

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WHO (Department of Gender, Women and Health). 2003.

### **URL**

<http://www.who.int/gender/documents/gender/9241590408/en/index.html>

### **Purpose**

To provide guidance on how to assess whether policies, programs, or research initiatives take into account the differences between women and men in terms of roles and responsibilities, access to resources, and decision-making power

### **Intended user**

Health policy-makers, program evaluators, program planners, and researchers

### **Available language(s)**

English

### **Description**

This review examines the content of 17 widely used gender tools and their usefulness for gender analysis in health. The review was intended to support WHO's gender team in identifying possible strategies for implementing their gender policy. The report provides guidance on how to assess whether policies, programs, or research initiatives take into account differences between women and men in terms of roles and responsibilities, access to resources, and decision-making power—and how not to exacerbate gender-based inequalities. It is intended as background for use by anyone working on or interested in gender and health, particularly by WHO staff working on gender issues.



## **Gender and Monitoring: A Review of Practical Experiences**

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Brambilla, P. Institute of Development Studies. 2001.

### **URL**

<http://www.bridge.ids.ac.uk/go/home&id=52836&type=Document>

### **Purpose**

To define monitoring and evaluation (M&E) and demonstrate how indicators can be made gender-sensitive, who should be involved in this process, and when the indicators should be used during the project cycle

### **Intended user**

Health policy-makers, program managers, and program planners

### **Available language(s)**

English

### **Description**

The Institute of Development Studies prepared this report for the Swiss Agency for Development and Co-operation (SDC). The differential impacts of development initiatives on women and men can only be identified if M&E mechanisms are sensitive to gender. The paper defines M&E and looks at how indicators can be made gender-sensitive, who should be involved in this process, and when they should be used during the project cycle. Case studies about the implementation of gender monitoring at different levels are included. Recommendations are offered to show how indicators must be both qualitative and quantitative and also take into account contextual factors. There is also a need for participation of women and men in the target group in M&E processes and gender-disaggregated indicators; this must be complemented by qualitative analysis and baseline data in order to track changes of gender relations.

### **Gender and Monitoring Response to HIV/AIDS Pandemic**

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Delay, P. *Emerging Infectious Diseases*. 10(11):1979–83. 2004.

#### **URL**

<http://www.cdc.gov/ncidod/eid/vol10no11/pdfs/04-0498.pdf>

#### **Purpose**

To demonstrate that the HIV/AIDS pandemic has increasingly affected women during the past decade due to women's biologic, cultural, economic, and social status

#### **Intended user**

Health practitioners, program evaluators, program managers, and program planners

#### **Available language(s)**

English

#### **Description**

The mechanisms, techniques, and data sources used to monitor and evaluate global AIDS prevention and treatment services may vary according to gender. The Joint United Nations Programme on HIV/AIDS has been charged with tracking the response to the pandemic by using a set of indicators developed as part of the Declaration of Commitment endorsed at the U.N. General Assembly Special Session on AIDS in 2001. The article contends that HIV/AIDS prevention and treatment projects should be monitored and evaluated, arguing that such information should come from biologic and behavioral surveillance, the policy environment, donor priorities, health commodity distribution, prevention and treatment services, and disease and death data. Statistics on prevalence and incidence indicate that the pandemic has increasingly affected women during the past decade. Women's biologic, cultural, economic, and social status can increase their likelihood of becoming infected with HIV.

## **Gender-Based Violence Tools Manual: For Assessment & Program Design, Monitoring & Evaluation in Conflict-Affected Settings**

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Reproductive Health Response in Crises Consortium (RHRC Consortium). 2004.

### **URL**

[http://www.rhrc.org/resources/gbv/gbv\\_tools/manual\\_toc.html](http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html)

### **Purpose**

To promote action within and coordination between the constituent community, health and social services, and the legal and security sectors

### **Intended user**

CSOs, humanitarian staff, program evaluators, program managers, and program planners

### **Available language(s)**

English, French

### **Description**

This manual is one of several outcomes of a three-year global Gender-Based Violence (GBV) Initiative spearheaded by the Reproductive Health Response in Conflict (RHRC) Consortium. The manual is meant to be used by humanitarian professionals who have experience with and are committed to GBV prevention and response and aims to improve international and local capacity to GBV in refugee, internally displaced, and post-conflict settings. The tools in this manual have been organized into three categories—assessment, program design, and program monitoring and evaluation (M&E)—to promote action within and coordination between the constituent community, health and social services, and the legal and security sectors.

The assessment tools are meant to improve awareness of the nature and scope of GBV in a given setting, to assist in gathering information about local attitudes and behaviors related to GBV, and to identify existing GBV services and gaps in services within the community. The program design tools may be used for designing and implementing projects whose outcomes meet intended goals and for improving hiring practices within GBV programs. The program M&E tools assist in evaluating program effectiveness as well as in recognizing short- and long-term service utilization and service delivery trends that may be used to adjust programming.

## **Gender Mainstreaming Checklist for the Health Sector**

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African Development Bank (AfDB). 2009.

### **URL**

<http://www.afdb.org/fileadmin/uploads/afdb/Documents/Policy-Documents/Gender-health-chklist-sunita-12-01-09%20%282%29.pdf>

### **Purpose**

To facilitate effective analysis and identification of gender issues in the health sector and design appropriate gender sensitive strategies/components, allocations of resources, and definition of monitoring indicators through all stages of the project/program cycle

### **Intended user**

AfDB staff and consultants, program evaluators, program evaluators, program managers, and program planners

### **Available language(s)**

English

### **Description**

For effective gender analysis and mainstreaming in projects, the checklists should be used together with the Bank's Operations Manual and the Environmental and Social Procedures (ESAP). On the use of the ESAP, the preparation of gender-sensitive terms of reference for Environmental and Social Assessment studies should be a key consideration to demonstrate good practices in mainstreaming gender in any Bank-funded sector intervention including health sector projects.

### **Gender Sensitivity Assessment: Tool for FP/RH Curricula**

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Newman, C. IntraHealth International/PRIME II. 2003.

#### **URL**

[http://www.intrahealth.org/~intrahea/files/media/gender-equality-1/gendersensitivity\\_curr1.pdf](http://www.intrahealth.org/~intrahea/files/media/gender-equality-1/gendersensitivity_curr1.pdf)

#### **Purpose**

To monitor and assess the gender sensitivity of family planning and reproductive health (FP/RH) training curricula and programs

#### **Intended user**

Health educators, health practitioners, program managers, and program planners

#### **Available language(s)**

English

#### **Description**

The gender sensitivity assessment tool is an instrument that program and training managers, curriculum designers, and trainers can use to monitor and assess the gender sensitivity of FP/RH training curricula and programs. The curriculum assessment tool is intended for use during curriculum design and revision activities, but its components may also be used at other points in the project cycle (e.g., during a training needs assessment, during a provider follow-up, or during the development of a country-level training strategy). This instrument aims to:

- ensure that gender sensitivity, response to gender based-violence (GBV), and male involvement in FP/RH are covered in RH pre-service/in-service curriculum, continuing education, performance improvement, consumer-driven quality, and post-abortion care (PAC) initiatives;
- link gender with the various health outcomes; and
- identify and develop gender sensitive approaches and tools.

Through training that is gender sensitive, FP/RH service providers are better equipped to provide gender-sensitive services. Providers who become aware of inequities in health care and reproductive health related to gender are encouraged, through training, to reduce barriers to FP/RH service acceptance, access, and use which results in more appropriate and equitable FP/RH services.

## **Guide for Analysis and Monitoring of Gender Equity in Health Policies**

Pan American Health Organization. 2008.

### **URL**

[http://new.paho.org/hq/index.php?gid=1518&option=com\\_docman&task=doc\\_download](http://new.paho.org/hq/index.php?gid=1518&option=com_docman&task=doc_download)

### **Purpose**

To offer an analytical framework for the evaluation and monitoring of evidence-based policies that aim to promote gender equality in health and health management

### **Intended user**

Advocates, health policy-makers, program planners, and researchers

### **Available language(s)**

English

### **Description**

This guide was prepared by the Gender, Ethnicity, and Health Unit of the PAHO/WHO to support initiatives for incorporating the analysis and monitoring of gender equity into health policies in the Americas. The guide provides a conceptual and methodological framework for evaluating the degree to which health policies are consistent with the commitments assumed by Member States at the national and international level to work towards achieving the objectives of gender equality in health and health management. It offers health planners, advocacy groups, and researchers an analytical framework for the evaluation and monitoring of evidence-based policies that are guided by the principles of social justice, human rights, and citizen empowerment. The guide provides a basis for discussion and advocacy in a process aimed at building consensus around the identification of problems, the establishment of priorities for action, the formulation or reformulation of policy objectives, and the definition of indicators and strategies for monitoring application of the resulting policies.

### **Positive Women Monitoring Change**

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Gacoin, A. International Community of Women Living with HIV/AIDS (ICW). 2008.

#### **URL**

<http://www.icw.org/node/242>

#### **Purpose**

To provide monitoring guidance on access to care, treatment and support (ACTS); sexual and reproductive health and rights (SRR); and violence against women (VAW) programs

#### **Intended user**

Advocates, program evaluators, and technical staff

#### **Available language(s)**

English

#### **Description**

This tool intends to explore the realities of HIV-positive women's lives, including young women and other marginalized groups such as disabled women and sex workers, while offering them a platform for their voices to be heard. The tool contains three sections, the first of which looks at positive women's knowledge and awareness of rights, challenges, and experiences in ACTS, SRR, and VAW. The second section covers service providers' experiences and attitudes as well as the constraints and barriers to providing quality care in resource poor setting. The third section takes the survey to the government level where it can be used to hold governments and ministries to account on their promises and to advocate on priority issues using evidence from both HIV-positive women and service providers.

### **Practical and Pragmatic: Strategically Applying Gender Perspectives to Increase the Power of Global Health Policies and Programs**

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Gupta, G.R. & Kambou, S.D. In Igniting the Power of Community. 2010:265–276.

#### **URL**

<http://www.mendeley.com/research/practical-pragmatic-strategically-applying-gender-perspectives-increase-power-global-health-policies-programs/>

#### **Purpose**

To illustrate how to be pragmatic and strategic in making the case for mainstreaming gender into policy and programs, monitoring progress and evaluating results, and selecting indicators for tracking progress on strategic priorities for MDG 3

#### **Intended user**

Donors, international agencies (bilateral and UN), program evaluators, and program managers

#### **Available language(s)**

English

#### **Description**

This chapter reflects on the role of the International Center for Research on Women (ICRW) in addressing global health problems and crafting gender-responsive, evidence-based solutions through research and advocacy. ICRW sees research as a parallel tool of social change that, when used properly, can alter the course and magnitude of programs, policies, and events in the direction of improved and enhanced health and public health.

The chapters starts by setting the stage with an overview of gender and its current positioning on the development agenda and then discusses the critical role that NGOs have played in shifting priorities in global health. This is followed by a discussion of five principles that serve to define both ICRW as an institution and its strategy and approach to development. The chapter reviews how to be pragmatic and strategic in making the case for mainstreaming gender into policy and programs, monitoring progress and evaluating results, and selected indicators for tracking progress on strategic priorities for MDG 3. The chapter then concludes with some thoughts on what it will take to advance the gender and development agenda within the public health domain.



## **Strengthening Health Information Systems to Address Health Equity Challenges**

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Bambas, L.; Braveman, P.; Dachs, J.; Delgado, I.; Gakidou, E.; Moser, K.; Rolfe, L.; Vega, J. & Zarowsky, C. Bulletin of the WHO. 83(8):597–603. 2005.

### **URL**

<http://www.who.int/bulletin/volumes/83/8/bambasabstract0805/en/index.html>

### **Purpose**

To review core information requirements and potential databases and propose strategies for strengthening the capabilities of health information systems (HIS) for the analysis of health equity

### **Intended user**

Health information staff and program evaluators

### **Available language(s)**

English

### **Description**

Special studies and isolated initiatives over the past several decades in low-, middle-, and high-income countries have consistently shown inequalities in health among socioeconomic groups and by gender, race or ethnicity, geographical area, and other measures associated with social advantage. Such health inequities are the main object of health development efforts including global targets such as the Millennium Development Goals which require monitoring to evaluate progress. However, most national HIS lack key information needed to assess and address health inequities—namely reliable, longitudinal, and representative data linking measures of health with measures of social status or advantage at the individual or small-area level. Without empirical documentation and monitoring of such inequities as well as country-level capacity to use this information for effective planning and monitoring of progress in response to interventions, movement towards equity is unlikely to occur.

This paper reviews core information requirements and potential databases and proposes short-term and long-term strategies for strengthening the capabilities of HIS for the analysis of health equity; it also discusses HIS-related entry points for supporting a culture of equity-oriented decision making and policy development.

### **A User's Guide to Measuring Gender-Sensitive Basic Service Delivery**

Corner, L. & Repucci, S. UNDP & UNIFEM. 2009.

#### **URL**

[http://www.unifem.org/materials/item\\_detail.php?ProductID=151](http://www.unifem.org/materials/item_detail.php?ProductID=151)

#### **Purpose**

To map and analyze governance of basic service delivery and promote more effective use of gender-sensitive indicators so that services are delivered more efficiently and effectively for women

#### **Intended user**

Donors, health educators, health practitioners, governments, program evaluators, and UN staff

#### **Available language(s)**

English, French, Spanish

#### **Description**

This guide should be seen as a generic and basic tool to map and analyze governance of basic service delivery from a gender perspective. It includes indicators and measurement tools developed by multilateral and bilateral agencies as well as by national counterparts. It includes examples and experiences from the field, recommendations, and tools to help users develop appropriate indicators for various contexts. It also maps and reviews existing databases, assessments and indicators.

The guide targets a range of potential users including UN staff working with national counterparts to use data and indicators to improve the delivery of services, monitor and evaluate impact, and demand accountability from governments and service providers. Another target group is government departments, donors, and international agencies involved in developing, funding, and implementing service delivery programs as well as groups that have been poorly served in the past. These include local governments which are often most directly involved in the delivery of services and end users of the services, particularly women. These groups are likely to be less familiar with the use of data and indicators and may need to enhance their capacity in this area. This guide provides a basic grounding.

### **Gender and Indicators: Supporting Resources Collection**

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Esplen, E. & Bell, E. Bridge, UNDP, Institute of Development Studies (IDS). 2007.

#### **URL**

<http://www.bridge.ids.ac.uk/go/bridge-publications/cutting-edge-packs/gender-and-indicators/&id=54158&type=Document>

#### **Purpose**

To provide conceptual and methodological approaches to gender and measurements of change with a focus on indicators, highlighting good practice from the grassroots to the international level

#### **Intended user**

Advocates, health educators, health policy-makers, program managers, program planners, and program evaluators

#### **Available language(s)**

English, French

#### **Description**

This collection outlines good practice examples, provides case studies, and summarizes toolkits designed to facilitate advocacy, programming, and training in approaches to gender and measurements of change. It is designed to help further guide practitioners and policy-makers in deciding what and how to measure including selecting appropriate methods and methodologies, measuring the effectiveness of gender mainstreaming, and measuring change in four areas that are especially hard to measure:

1. poverty,
2. empowerment,
3. gender-based violence, and
4. conflict.

It also lists databases of gender statistics and provides networking and contact details of organizations working on gender and indicators. Details of how to obtain copies or download the full texts are provided with each summary. This collection forms part of the Cutting Edge Pack on Gender and Indicators.

### **Gender-Sensitive Indicators: Uses and Relevance**

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Lin, V.; L'Orange, H. & Silburn, K. Int J Public Health 52(2007):S27–S34.

#### **URL**

<http://www.springerlink.com/content/y54173265264772x/fulltext.pdf>

#### **Purpose**

To demonstrate the effective use of gender-sensitive indicators in making influential contributions to health system development and reform and in improving accountability, performance, and responsiveness

#### **Intended user**

Donors, health policy-makers, program evaluators, and program planners

#### **Available language(s)**

English

#### **Description**

In this paper several case studies are described to demonstrate the effective use of gender-sensitive indicators in making influential contributions to health system development and reform and in improving accountability, performance, and responsiveness. Frameworks for health indicators should include the broad determinants of health such as gender in order to detect gender differences in health experiences and enable consideration of equity in the analysis of health system performance. Some additional principles and strategies for the development and use of gender-sensitive health indicators include the building of effective monitoring and reporting systems which have linkages with governance, health system development and health sector reform processes, and adequate infrastructure and capacity building.

### **Indicators to Measure Violence Against Women: Report of the Expert Group Meeting**

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United Nations (UN). 2007.

#### **URL**

[http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW\\_EGM\\_report.pdf](http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf)

#### **Purpose**

To provide a set of possible indicators on violence against women (VAW) in order to assist countries in assessing the scope, prevalence, and incidence of VAW

#### **Intended user**

Health information staff and program evaluators

#### **Available language(s)**

English

#### **Description**

This is a report from an expert group meeting in October 2007 hosted by the Conference of European Statisticians' Task Force on Violence against Women which includes representatives from national statistical offices, United Nations regional commissions, inter-governmental organizations, academia, and nongovernmental organizations.

The meeting aimed to:

- take stock of existing major national, regional, and international initiatives aimed at developing indicators on VAW;
- assess advantages and disadvantages of various indicator proposals;
- develop criteria for the identification of a possible set of indicators on VAW;
- summarize options and put forward recommendations for a possible set of indicators to support countries to measure the scope, prevalence, and incidence of VAW;
- outline related data collection requirements and constraints as well as opportunities for overcoming these, taking into consideration users' needs;
- consider the types of violence that should be covered in a possible set of indicators; and
- propose an approach for defining a technical description of each possible indicator.

### **Integrating a Gender Perspective into Health Statistics: An Ongoing Process in Central America**

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Jara, L. Int J Public Health, 52(2007):S35–S40.

#### **URL**

<http://www.springerlink.com/content/g5r241r31353g348/>

#### **Purpose**

To strengthen national capacity to integrate a gender perspective into the production, analysis, and use of health indicators

#### **Intended user**

Program evaluators and researchers

#### **Available language(s)**

English

#### **Description**

The Gender, Ethnicity, and Health Unit of the PAHO prepared this document with the aim of strengthening national capacity to integrate a gender perspective into the production, analysis, and use of health indicators. This proposal includes resources to support interaction between the users and producers of health statistics and an intersectoral approach in health statistics. Implementation of this proposal has yielded significant results at the national level. Intersectoral working groups have been created that are searching for mechanisms to institutionalize the process, publishing statistical profiles on health and gender as well as brochures of basic indicators on gender, health, and development.

### **Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators**

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Bloom, S. MEASURE Evaluation. 2008.

#### **URL**

<http://www.cpc.unc.edu/measure/tools/gender/violence-against-women-and-girls-compendium-of-indicators>

#### **Purpose**

To provide indicators that measure all aspects of violence against women and girls (VAW/G) programs at national and sub-national levels

#### **Intended user**

Health information staff, health policy-makers, and program managers

#### **Available language(s)**

English

#### **Description**

The compendium was developed for managers, organizations, and policy-makers working in the field of VAW/G program implementation and evaluation in developing countries as well as for people who provide technical assistance to these individuals and organizations. The indicators were developed as part of a consensus process involving global donors, experts, and stakeholders. The compendium of indicators aims to measure all aspects of VAW/G programs at national and sub-national levels including the magnitude and characteristics of different forms of VAW/G, programs addressing VAW/G by sector, and under-documented forms of VAW/G in emerging areas. The indicators can also be used by programs that may not specifically focus on VAW/G, but include reducing levels of VAW/G as part of their aims. The indicators have been designed to address information needs that can be assessed with quantitative methods to measure program performance and achievement at the community, regional, and national levels.

## **Constructive Men's Engagement in Reproductive Health: For Themselves, Their Partners, and Their Communities**

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Interagency Gender Working Group. No Date.

### **URL**

[http://www.igwg.org/igwg\\_media/maleengagement/construct-men-facilitators.pdf](http://www.igwg.org/igwg_media/maleengagement/construct-men-facilitators.pdf)

[http://www.igwg.org/igwg\\_media/maleengagement/construct-men-handouts.pdf](http://www.igwg.org/igwg_media/maleengagement/construct-men-handouts.pdf)

### **Purpose**

To provide a basic introduction to constructive men's engagement in reproductive health (RH)

### **Intended user**

Health educators, program managers, and program planners

### **Available language(s)**

English

### **Description**

This two-day training is for program staff working in RH, HIV, and/or safe motherhood. The module focuses on gender-integrated programming that fosters constructive engagement of men and boys in RH, introduces a process for analyzing gender in RH and HIV programs, and provides capacity building on foundational gender and gender analysis concepts and tools. Through an exploration of men's roles in family planning, sexuality, STIs, safe motherhood, and violence against women, participants analyze the social impact of the different RH experiences of men and women and identify how some types of men's involvement perpetuate unequal power relationships. No prior knowledge or gender training is assumed. The workshop objectives include:

- exploring individual cultural values around gender,
- examining how cultural messages about gender can affect human behavior in women and men,
- understanding and recognize a framework for gender analysis,
- conducting a gender analysis using three illustrative programmatic areas,
- identifying day-to-day tasks that promote gender equality in the home,
- understanding the main social structures that maintain gender inequality,
- identifying ways for men to work inside and outside these structures to promote gender equality,
- introducing participants to the importance of engaging men and boys in RH and gender-based violence (GBV) prevention,
- introducing participants to a framework for engaging men in RH and GBV prevention, and
- identifying new ways of reaching and/or engaging men.



## **Constructive Men's Engagement Monitoring & Evaluation**

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Dunn, M. & Gage, A.J. MEASURE Evaluation & IGWG. 2010.

### **URL**

[http://www.igwg.org/igwg\\_media/constructivemen/construct-men-facilitators.pdf](http://www.igwg.org/igwg_media/constructivemen/construct-men-facilitators.pdf)

[http://www.igwg.org/igwg\\_media/constructivemen/construct-men-handouts.pdf](http://www.igwg.org/igwg_media/constructivemen/construct-men-handouts.pdf)

### **Purpose**

To provide a basic introduction to monitoring and evaluation (M&E) in constructive men's engagement programs

### **Intended user**

Health educators and program evaluators

### **Available language(s)**

English

### **Description**

This module is designed and intended to be used as a one and a-half day training session following the two-day training session on Constructive Men's Engagement in RH: For Themselves, Their Partners, and Their Communities. It is intended to be a basic introduction to M&E and should merely be a first step in encouraging workshop participants to build their individual and organizational capacity to monitor and evaluate their programs. By the end of this training module, participants will be able to:

- differentiate between monitoring and evaluation,
- write goals and smart objectives for CME programs,
- design a logic model for a CME program or strategy,
- identify criteria for indicator selection, and
- identify information to consider when choosing an evaluation design for CME strategies.

## **Gender and HIV/AIDS Electronic Library**

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UNAIDS. 2005.

### **URL**

[http://www.unifem.org/materials/item\\_detail.php?ProductID=39](http://www.unifem.org/materials/item_detail.php?ProductID=39)

### **Purpose**

To provide up-to-date information on the gender dimensions of the HIV/AIDS epidemic and promote understanding, knowledge sharing, and action on HIV/AIDS as a gender equality and human rights issue

### **Intended user**

Health policy-makers, health practitioners, and researchers

### **Available language(s)**

English, French, Spanish

### **Description**

The library is in CD-ROM format and is based on UNIFEM's Gender and HIV/AIDS Web Portal. It is a compilation of resources produced by a variety of organizations working on HIV/AIDS including cutting-edge research and studies, training resources and tools, and multimedia advocacy materials. All information can be easily searched and retrieved using a variety of criteria. The library is intended to be a useful resource for academics, policy-makers, practitioners, journalists, students and others interested in the gender dimensions of the epidemic. The CD-ROM includes a navigation interface, a variety of materials in French and Spanish, and the following topic areas:

- gender mainstreaming and HIV/AIDS
- gender, sexuality, and power relations
- gender, human rights, and HIV/AIDS
- prevention, treatment, and care
- legislation and policy
- adolescents and youth
- gender, HIV/AIDS, and conflict
- stigma and discrimination
- violence against women and HIV/AIDS
- the care economy and women's unpaid work
- HIV/AIDS in the workplace
- men and masculinities
- people living with HIV/AIDS

## **Gender and Reproductive Health 101**

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Doggett, E.; Krishna, A. & Robles, O.J. Futures Group. 2010

### **URL**

<http://www.globalhealthlearning.org>

*(need to create a user name and password to enter the site and access the course)*

### **Purpose**

To introduce a process for integrating gender into reproductive and sexual health and HIV programs

### **Intended user**

Health practitioners, program managers, program planners, and USAID staff

### **Available language(s)**

English

### **Description**

This online course seeks to provide learners with an introduction to gender and reproductive and sexual health and introduce the steps of gender integration in reproductive and sexual health programs. It assumes participants have little or no knowledge about gender and health; however, many people who have experience also find it useful as a refresher course on the issues. It is estimated to take 1 hour and 45 minutes to complete.

## **Gender-Based Violence: A Primer**

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Neason, E.; Betron, M. & Doggett, E. IGWG. 2006.

### **URL**

[http://igwg.org/igwg\\_media/gbv/gbv-facilitator-guide.pdf](http://igwg.org/igwg_media/gbv/gbv-facilitator-guide.pdf)

*(only the facilitator guide is available online)*

### **Purpose**

To enhance skills of program staff to better address gender-based violence (GBV) in their programs

### **Intended user**

Program managers, program planners and staff working in reproductive health (RH), HIV, and/or safe motherhood

### **Available language(s)**

English

### **Description**

This module builds on the foundations of the Gender and Reproductive Health 101 module. This two-day training is intended for program staff working in RH, HIV, and/or safe motherhood to build their skills to better address GBV in their programs. The module is considered a primer on GBV and assumes little to no prior experience with the topic of GBV, but does assume participants have a basic understanding of gender and gender analysis from the Gender and Reproductive Health 101 training.

This introduction to GBV focuses on intimate partner violence in the context of RH. Workshop participants explore how GBV is defined, the types of violence it includes, violence that occurs through a woman's life cycle, and its impact on women's health. Recent DHS and WHO data and country-specific health data is discussed. Participants also explore the myths and realities of GBV and why many women remain in violent relationships as well as examine strategies to address GBV and how to apply these to their own projects.

## **Monitoring and Evaluation of Gender-Based Violence Prevention and Mitigation Programs**

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Dunn, M. & Gage, A.J. MEASURE Evaluation & IGWG. 2010.

### **URL**

<http://www.cpc.unc.edu/measure/training/materials/gbv/m-e-of-gender-based-violence-gbv-prevention-and-mitigation-programs>

### **Purpose**

To provide a basic introduction to monitoring and evaluation (M&E)

### **Intended user**

Program evaluators, program managers, and program planners

### **Available language(s)**

English

### **Description**

This module is designed and intended to be used as a one and a-half day training session on M&E gender-based violence (GBV) prevention and mitigation programs. It is designed to follow the training session, Gender-Based Violence: A Primer. The module is intended to provide a basic introduction to M&E and should be merely a first step in encouraging workshop participants to build their individual and organizational capacity to monitor and evaluate their programs.

By the end of this session, participants will be able to:

- differentiate between monitoring and evaluation,
- write goals and smart objectives for GBV programs,
- design a logic model for a GBV program,
- identify criteria for indicator selection and information sources for GBV indicators, and
- discuss factors to consider when choosing an evaluation design.

This facilitator's guide provides essential information on how to organize and implement the training session.

## **Evaluation 2009/1: Evaluation of SDC's Performance in Mainstreaming Gender Equality**

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Swiss Agency for Development and Cooperation (SDC). 2009.

### **URL**

[http://www.deza.admin.ch/ressources/resource\\_en\\_177196.pdf](http://www.deza.admin.ch/ressources/resource_en_177196.pdf)

### **Purpose**

To provide an evaluation of the SDC's gender equality work

### **Intended user**

SDC staff

### **Available language(s)**

English

### **Description**

The SDC's gender equality work aims to mainstream gender equality through gender analysis and appropriate follow-up in all projects and activities; enhance gender equality (usually, but not always, targeted to women and their organizations); and promote women's advancement and equal opportunity within SDC. The evaluation team looked at humanitarian and long-term development projects as well as donor-harmonized activities and policy work in Mozambique, Pakistan, and the Ukraine. The evaluators examined the organizational systems that support SDC's efforts in these areas. The evaluation involved document reviews, interviews, and meetings with SDC staff, partners, civil society organizations, recipient governments, and donors. The evaluation critiqued the organization-wide mainstreaming approach, but also identified a number of instances where SDC country offices or divisions were developing their own learning and control systems for ensuring that mainstreaming policy is implemented.

As a result, gender equality as a development goal and gender integration in operations comes down to chance. In only one of the three case study countries did the SDC country office invest in the capacity of women's organizations through women-focused or gender-specific projects—a programming tool that remains useful when there is great gender inequality, or when there are specific issues that hold back women and thereby undermine development progress. The report concluded that the climate is favorable for gender equality work in SDC with an emphasis on mainstreaming in programming. Additional recommendations are included to strengthen gender mainstreaming at the SDC organizational, program and departmental levels.

## **Evaluation of DFID Development Assistance: Gender Equality and Women's Empowerment**

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### **Phase II Thematic Evaluation: Maternal Mortality**

Macdonagh, S. Department for International Development (DFID). Working Paper 8. 2005.

#### **URL**

<http://www.dfid.gov.uk/Documents/publications1/evaluation/wp8.pdf>

#### **Purpose**

To provide an evaluation of the British Government's DFID policy on maternal mortality reduction and its incorporation of gender concerns

#### **Intended user**

DFID staff

#### **Available language(s)**

English

#### **Description**

This evaluation report provides 1) a short description of key issues in relation to maternal mortality and gender equality, 2) a brief summary of international and DFID policy on maternal mortality reduction and associated gender issues, and 3) comments on the extent to which key objectives of DFID's gender policy commitments are incorporated in the design, implementation, and monitoring of DFID's maternal health investments. The report is part of a larger two-phase gender evaluation being conducted by DFID's evaluation department. A key aim of the thematic evaluations is to test methodology and propose hypotheses to inform a larger systematic evaluation. The report describes the evaluation methodology and outlines the links between maternal mortality, gender, and sexual and reproductive health and rights, and it provides insight into international policy objectives for lowering maternal mortality. The report also describes the evolution of DFID policy and knowledge in maternal health and its links with policy on gender equality.

A framework was developed for this evaluation in order to capture key elements of DFID's gender mainstreaming activities across the dimensions of decision making, rights, and access to resources. The framework also allowed for tracking of interventions across the development of a program of work from design to monitoring and evaluation. A sample of case study interventions in India, Cambodia, and Nigeria was assessed against this framework on the basis of intervention documentation from key informants. The report concludes with recommendations for systematic review of DFID's gender work.

## **Evaluation of Stepping Stones: A Gender Transformative HIV Prevention Intervention**

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Jewkes, R.; Nduna, M.; Levin, J.; Jama, N.; Dunkle, K.; Wood, K.; Koss, M.; Puren, A. & Duvvury, N. Medical Research Council (MRC). 2007.

### **URL**

<http://www.mrc.ac.za/policybriefs/steppingstones.pdf>

### **Purpose**

To determine the impact of the Stepping Stones—a training workshop on reproductive health communication and relationship skills—on new HIV infections

### **Intended user**

Program evaluators, program managers, and program planners

### **Available language(s)**

English

### **Description**

The primary aim of the study was to determine the impact of the Stepping Stones—a training workshop on reproductive health communication and relationship skills—on new HIV infections. Secondary aims were to determine the impact on new genital herpes infections, sexual behavior, and male violence. Qualitative research methods were used to understand how youth responded to and made meaning from the program in the context of their lives. The evaluation studied Stepping Stones scientifically in the rural Eastern Cape, South Africa. The study was a cluster-randomized controlled trial in which Stepping Stones was compared with a three-hour session on safer sex and HIV. The findings supported that Stepping Stones is a useful HIV-prevention intervention and shows evidence of success in reducing sexually transmitted infections in women and in changing men's sexual risk taking behavior and reduced use of violence.



## **Gender Mainstreaming in Priority Health Programs: The Case of the Diabetes Mellitus Prevention and Control Program in Mexico**

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del Río Zolezzi, A.; Rodríguez Martínez, Y.A.; Robledo Vera, C. & Blas Rodríguez, I. PAHO. 2008.

### **URL**

[http://new.paho.org/hq/index.php?gid=479&option=com\\_docman&task=doc\\_download](http://new.paho.org/hq/index.php?gid=479&option=com_docman&task=doc_download)

### **Purpose**

To analyze gender inequalities existing in the quality of care of diabetes in Mexico and extracts lessons that can be replicated and adapted to other contexts

### **Intended user**

Health educators, program managers, and program planners

### **Available language(s)**

English

### **Description**

In Mexico, diabetes mellitus has become the disease generating the highest demand for care and has been the leading cause of death among women since 2000 and men since 2004. The Gender, Ethnicity and Health Office of PAHO organized a contest to identify best practices that incorporate a gender equality perspective in health in the Americas. This best practice identified was an education outreach campaign implemented nationwide by the National Center for Gender Equity and Reproductive Health of the Mexican Secretariat of Health. The program targeted men, women, and health personnel and disseminated and promoted health self-care measures with a gender perspective.

Through a mixed approach, this report analyzes several gender inequalities existing in the quality of care of diabetes in Mexico and extracts lessons that can be replicated and adapted to other contexts. Additionally, two campaigns targeted to male and female personnel of the Ministry of Health were launched. A qualitative evaluation of gender-sensitive diabetes educational materials was carried out to compare them with non-sensitive materials. Results showed several benefits and contributions resulting from the existence of materials specifically targeted to men and women. Joint work with the authorities responsible for health programs is fundamental for the incorporation of the gender equality perspective in health.

## **Gender Perspectives Improve Reproductive Health Outcomes: New Evidence**

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Rottach, E.; Schuler, S.R. & Hardee, K. IGWG & PRB. 2009.

### **URL**

<http://www.igwg.org/Articles/Gender%20Perspectives.aspx>

### **Purpose**

To assemble the most up-to-date data and evidence on incorporating a gender perspective into reproductive health (RH) programs

### **Intended user**

CSOs, donors, health educators (or curricula review), program evaluators, program managers, and program planners

### **Available language(s)**

English

### **Description**

The purpose of this review is to update the 2004 “So What? Report: A Look at Whether Integrating a Gender Focus into Programs Makes a Difference to Outcomes.” The 2009 review assembles the most up-to-date data and includes additional evidence on incorporating a gender perspective into RH programs. The review focuses on five components of RH programs—unintended pregnancy, maternal health, HIV/AIDS and other STIs, harmful practices, and youth. Out of nearly 200 interventions reviewed, 40 are included here as examples of programs that integrate gender to improve those that have been evaluated and used accommodating or transformative approaches. The evidence presented here suggests that incorporating gender strategies contributes to reducing unintended pregnancy, improving maternal health, reducing HIV/AIDS and other STIs, eliminating harmful practices, and meeting the needs of youth—all broadly included under RH.

## **Gender-Related Barriers to HIV Prevention Methods: A Review of Post-Exposure Prophylaxis (PEP) Policies for Sexual Assault**

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Herstad, B. USAID Health Policy Initiative (HPI). 2009.

### **URL**

[http://www.healthpolicyinitiative.com/Publications/Documents/1021\\_1\\_PEP\\_report\\_FINAL\\_1\\_26\\_10\\_acc.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/1021_1_PEP_report_FINAL_1_26_10_acc.pdf)

### **Purpose**

To review PEPFAR countries that include PEP for sexual assault in their antiretroviral (ARV), HIV, or sexual violence guidelines and to identify key aspects of policies and guidelines that reveal potential gender barriers that may affect sexual assault survivors' ability to access post-exposure prophylaxis (PEP)

### **Intended user**

Governments, health policy-makers, health practitioners (HIV testing), and program managers

### **Available language(s)**

English

### **Description**

Given the linkage between gender-based violence and HIV, it has become increasingly important to ensure that survivors of sexual violence have access to necessary HIV prevention methods such as PEP. This report reviews 13 PEPFAR countries that include PEP for sexual assault in their ARV, HIV, or sexual violence guidelines and identifies key aspects of relevant policies and guidelines that reveal potential gender barriers such as cost of services and adherence that may affect sexual assault survivors' ability to access PEP.

While the majority of PEPFAR countries have guidelines that include PEP, they generally lack detail and do not account for gender issues. Institutions and programs should consider the gender barriers explored in this review when creating new PEP guidelines, and where current guidelines do exist, they should implement protocols and procedures to ensure that they address such barriers. By doing so, PEPFAR focus countries will be better positioned to increase access to high-quality PEP services for sexual assault survivors. Furthermore, guidelines need to include a gender analysis of barriers to accessing PEP. This will prompt necessary dialogue on the gender issues such as the best way to address HIV testing. Finally, national governments need to ensure that better practices are incorporated, expanded, and evaluated.

## **Getting It Right! A Practical Guide to Evaluating and Improving Health Services for Women Victims and Survivors of Sexual Violence**

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Troncoso, E.; Billings, D.L.; Ortiz, O. & Suárez, C. Ipas. 2008.

### **URL**

<http://www.ushrnetwork.org/content/reportsdocuments/getting-it-right-practical-guide-evaluating-and-improving-health-services-w>

### **Purpose**

To provide a collection of tools that health services can use to strengthen their care and learn best practices in offering care for survivors of sexual violence

### **Intended user**

Advocates, health practitioners, program managers, and program planners

### **Available language(s)**

English

### **Description**

The methodology and instruments in this guide are based on best practices from around the world as well as on a model for care that has been tested in four Latin American countries. Three essential aspects for the care of women and adolescents who are survivors of sexual violence are explored:

1. the normative and judicial/legal framework for care,
2. health services from women's and service providers' perspectives, and
3. strategies for cross-cutting collaboration between sectors, particularly between the health sector and the judicial sector.

The guide is a starting point from which to learn how sexual violence-related health services function. It may also serve as a reference on what health facilities are able to offer and can integrate into their health care programs. It is important to make any necessary modifications to the guide to fit the context of each facility.

## **Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa**

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USAID AIDSTAR-One/John Snow Inc. 2009.

### **URL**

[http://www.ird.org/what/programs/PDFs/Gender\\_compendium\\_Final.pdf](http://www.ird.org/what/programs/PDFs/Gender_compendium_Final.pdf)

### **Purpose**

To provide a compendium of selected HIV programs in sub-Saharan Africa that integrates multiple gender strategies

### **Intended user**

Program managers and program planners

### **Available language(s)**

English

### **Description**

In order to begin filling gaps in knowledge surrounding the use of gender-based programs to improve HIV, the USAID AIDSTAR-One project created this compendium of selected HIV programs in sub-Saharan Africa that integrate multiple gender strategies. Featured programs address at least two of the following gender strategies:

- reducing violence and sexual coercion
- addressing male norms and behaviors
- increasing women's legal protection
- increasing women's access to income and productive resources

The compendium describes 31 selected programs and synthesizes trends and findings to provide initial insights on using multiple gender strategies in HIV programming, including how strategies are employed together, where gaps exist, and what lessons and experiences are common across programs. Though not meant to be exhaustive, the compendium represents the depth and breadth of current HIV programming that includes multiple gender strategies.

## **Manual for Evaluating Quality of Care from a Gender Perspective**

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Cardich, R.; Helzner, J.F.; Marques, M.; Schutt-Ainé, J. & Ward, V. International Planned Parenthood Federation (IPPF)/Western Hemisphere Region (WHR). 2000.

### **URL**

<http://www.ippfwhr.org/en/node/292>

### **Purpose**

To assess the quality of care of services and programs from a broad gender perspective

### **Intended user**

CSOs, health facility managers, health practitioners involved in program evaluation or quality of care studies, program managers, and program planners

### **Available language(s)**

English

### **Description**

The set of tools included in this manual are designed for reproductive health (RH) institutions that want to assess the quality of care of their services and programs from a broad gender perspective. The guide was developed to aid institutions in making the decision to carry out the evaluation, identifying the necessary resources, implementing the evaluation, and using the results to develop a plan of action.

The objectives of the manual are to:

- operationalize concepts of quality of care, gender equity, and sexual and reproductive rights;
- assess the extent to which a gender perspective has been incorporated into the institution;
- create an environment that facilitates the identification of areas for improvement with respect to the gender perspective; and
- strengthen staff capacity to critically analyze the extent to which they incorporate the gender perspective in the provision of RH services.

A multidisciplinary evaluation team, comprised of internal and external persons with experience in RH, including a gender specialist from a local organization, should use this guide to prepare for, implement, and analyze the results of the evaluation. The guide includes a description of the methodology, specific research instruments including a client exit interview, a service provider interview, a document review, and details on how to analyze the results and instructions for all activities.

## **Sexual and Reproductive Health, Prevention of HIV/AIDS and Gender Equity in the Armed Forces of Latin America**

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Mora, L.; Garzón, P.; Arilha, M. & Catoya, M.D. United Nations Population Fund (UNFPA). 2005.

### **URL**

<http://lac.unfpa.org/public/cache/offonce/pid/855;jsessionid=65E182EBC184FF3677BF48EB05924F31>

### **Purpose**

To gather the experiences and lessons learned by Armed and Police Forces in Latin America regarding the implementation of projects for the promotion of sexual and reproductive health and rights and for the prevention of HIV/AIDS

### **Intended user**

Health policy-makers, program managers, and program planners

### **Available language(s)**

English

### **Description**

This publication is the product of an intense and fruitful collaboration between military and police institutions in Ecuador, Nicaragua, Paraguay, and Peru as well as the Gender, Culture and Human Rights Branch of the Division for Technical Support and The Country Support Team of Mexico, UNFPA. The result is four case studies which focus on the institutional changes that projects have generated, best practices, and lessons learned that will enable the improvement of the quality and impact of interventions analyzed as well as serve as reference points for other initiatives underway. The results of the case studies show the importance that institutions such as the Armed and Police Forces have in the labor, educational, and learning sphere for a considerable number of men and women—especially youngsters—for the promotion of sexual and reproductive health, for more equal gender relations, and for the prevention of HIV/AIDS.

# **MEASURE** Evaluation

Carolina Population Center  
University of North Carolina at Chapel Hill  
206 W. Franklin Street  
Chapel Hill, NC 27516

**[www.measureevaluation.org](http://www.measureevaluation.org)**