Seven Steps to EnGendering Public Health Evaluations

Training Instructions

September 2019

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INTRODUCTION

Because international development increasingly focuses on gender, evaluators need a better understanding of how to measure and incorporate gender—including its economic, social, and health dimensions—in their evaluations. This interactive training, consisting of a presentation and this tool, will help participants learn to better evaluate programs with gender components.

This tool is to be used with the associated training presentation, "Seven Steps to EnGendering Evaluations of Public Health Programs." It provides instructions for carrying out the training, including suggested group activities.

Purpose, Audience, and Content

This training aims to equip participants with the knowledge, understanding, and skills to better incorporate gender components in their current or future evaluations.

The audience is public health professionals in lower- and middle-income countries who have experience in and training on evaluation.

Participants should already possess:

- Basic knowledge of the differences between sex and gender
- Basic knowledge of types of gender and health programs
- Understanding of the development of theories of change and their utility in evaluations
- Basic knowledge of how to conduct an evaluation

Participants will build the following skills to help them design a gender-integrated evaluation plan:

- Integrating gender in a program's theory of change
- Defining gender-sensitive evaluation questions
- Selecting indicators that go beyond sex disaggregation to measure gender constructs
- Collecting and interpreting gender data
- Disseminating and using results

Participants will apply their new skills using one or two case studies of programs in developing countries.

OVERVIEW OF THE TRAINING

Duration

Three hours

Learning Objectives

Participants will learn the following:

- To identify gender components of gender-integrated interventions for the purpose of evaluation
- Key concepts and best practices to measure gender in evaluating international health and development programs
- To apply gender-measurement strategies in the evaluation of international health and development programs with gender components

Teaching Methods

Interactive group activity, PowerPoint presentation, small-group work, and discussion

Materials Needed

"Seven Steps to EnGendering Evaluations of Public Health Programs" presentation; copies of case studies; list of online resources

Session Plan

Time	Title	Methods/activities
20 minutes	Activity: Vote with Your Feet	Explores beliefs about gender
30 minutes	Gender 101	PowerPoint presentation and group discussion
45 minutes	Seven Steps to EnGendering Evaluations	PowerPoint presentation and group discussion
1 hour, 20 minutes	Activity: Group Work: Case Studies	Small-group discussions and work to complete case studies; large-group discussion
5 minutes	Wrap-up	Facilitator closing

Session Activities

Activity 1: Vote with Your Feet*

1. Explain that this is a fun, nonjudgmental exercise that will help us explore our beliefs about gender roles and concepts. Say that you are asking participants to think about their own preconceptions about gender. Be sure to note that there are no right or wrong answers. This is a learning experience for us all, and it is important to be neutral. The activity should take about 20 minutes.

2. Ask all participants to move to the center of the room. Explain that you are going to read a statement and that they should step to the right if they agree with the statement and to the left if they disagree.

3. Choose up to five statements from the examples below. After each statement, give participants time to move where they choose. Then ask two or three from each side to explain why they voted the way they did. Facilitate a brief discussion afterward and then read the next statement.

Example statements:

Women are nurturers and men are protectors.

It is normal for a man to watch the children and cook.

Men sometimes have a good reason to perpetuate violence against their partners.

A man has the right to have sex with his wife even if she does not want to.

Sexual pleasure is more important to men than to women.

People in same-sex relationships have equal rights in my community.

Efforts to change HIV-related risk behavior would have greater success if they addressed sexual pleasure.

Family planning is a woman's responsibility.

Female-controlled contraceptive methods perpetuate gender inequality in sexual relationships (because the responsibility for contraceptive protection remains with women).

Increasing men's participation in antenatal care will only further increase men's control over women's fertility and health.

4. Conclude the activity by explaining that:
   - Even if we are familiar with gender and the importance of addressing gender in programs, challenging questions remain.
   - Our own experience with and beliefs about gender can have an impact on how we understand and perceive our projects/programs.
   - We need to keep this in mind as we ask staff members and project beneficiaries to address gender issues.

*Adapted from the United States Agency for International Development (USAID) Training of Trainers: Gender and Reproductive Health 101, available at https://www.igwg.org/training/.

Activity 2. Group Work: Case Studies

1. Explain that participants will now divide into groups of four or five people to work together on case studies illustrating the principles we have discussed and that each group is an evaluation team for a fictional program. Offer the two case studies included here, explaining that one is on HIV and gender and the other on youth employment and gender (or include one of your own design), and have each group choose one to evaluate. This step has these aims:
   - Develop a gender-integrated theory of change for the program

- Select six indicators to measure the gender-integrated program's progress
- Determine how the evaluation team will address gender in data collection, analysis, and reporting

2. Give the groups one hour to review and complete the activities within the case studies. Pass out copies of the online resources at the end of this tool and explain that they can access these sites during the group work for ideas. Also note that each group will share its work at the end of the hour.

3. Walk around among the groups multiple times throughout the hour to provide assistance as needed. It helps to have more than one facilitator for this part of the training.

4. Review: At the end of the hour, bring the participants back together and ask each small group to briefly share its results, focusing on sections B and C in the case studies. When all the groups have done so, make any relevant suggestions for other indicators or research steps they might have taken to address gender in their fictional evaluations.

CASE STUDY: HIV AND GENDER

HIV prevalence among adults in Country B is 8.4 percent. However, prevalence among women is twice as high as among men, and females aged 15 to 24 are four times as likely to be infected as their male peers. Women's and girls' relatively greater vulnerability can be tied to social, cultural, and economic risk factors, including female genital cutting, transactional and cross-generational sex, widow inheritance (when husband dies, wife marries husband's brother), and early marriage. In addition, women's risk for gender-based violence (GBV) has been found to increase their risk for HIV.

In 2020, a three-year HIV prevention intervention named Banisa will start in two districts. Banisa's objective is to decrease HIV risk behaviors among young men. The program will have two major activities under this objective. First, it will conduct group activities to examine the personal and community consequences of HIV/AIDS, explore alternative behaviors, observe models of behavior change, and take part in skills-building activities with feedback from facilitators. The intervention will emphasize reducing both sexual transmission and GBV through skills building and personal goal setting. It is also geared to address gender roles, particularly by exploring the meaning of masculinity. Participants will identify high-risk sexual behaviors and precursors to violent reactions toward women, leading to the development of problem-solving skills. Condom use will be learned through interactive group activities, and sexual communication skills will be rehearsed in response to high-risk sexual scenarios.

The second component of BANISA will train young men to be advocates of behavior change among other men in their community. Participants will learn communication skills for initiating conversations about HIV prevention and GBV. Each man will be asked to select one person in his life he wants to "teach" and to set a goal to talk with that person about HIV and GBV. Participants will anticipate potential barriers to their sharing information and talking with friends about HIV/AIDS and violence against women.

You are part of the team for a mixed-methods outcome evaluation of BANISA. You will conduct a baseline in early 2020 and an end line in 2023.

Monitoring and Evaluation Definitions

Output   The direct product of a program's activities. For example, for an entrepreneurial skills-building intervention, the number of women trained in small-business skills by community-based programs, or, for an HIV communication campaign, the number of messages related to gender and HIV that local radio stations broadcast.

Outcome   The short-term and intermediate results of a program. Gender-related examples include joint decision making in couples, gender-equitable attitudes of health facility staffers, or community attitudes toward GBV. Health behavior examples include a reduction in disparities in HIV testing by sex and an increased use of family planning services by males, both as beneficiaries and as supportive partners.

Impact   The long-term health status outcome of the program. For example, a reduced incidence of sexually transmitted infection (STI) among teenage boys in the community or a reduction in unintended pregnancies.

Activities

A. Gender-integrated theory of change

Using the background information provided, draw a diagram or write a narrative describing a gender-integrated theory of change (TOC) for the program.

Consider the role of gender in the health problem the program is trying to address; what the program is doing to address gender dynamics in its activities; and how addressing gender may lead to changes in the health outcomes at the center of the evaluation.

A refresher on TOCs: The general steps in developing a theory of change are: 1) identify the long-term goal; 2) identify what conditions are necessary to reach that goal (backward mapping); and 3) note the program activities that will create those conditions.

B. Indicators to measure success

Now that you have your gender-integrated theory of change, develop two primary and four secondary indicators (including at least one that measures your expected final impact and one that measures the level of gender integration/change in norms).

Include the level of indicator (e.g. input, process, output, outcome, impact) and expected source of data (e.g. facility observation; community knowledge, attitudes, practices (KAP) survey; demographic and health survey, etc.).

Some examples from another program have been provided for you.

> Remember, indicators should be **SMART**:
>
> **S**pecific: be clear about the who and the what and avoid multiple subjects
>
> **M**easurable: can be counted, observed, analyzed, or tested
>
> **A**ttainable: measure expected results of the project
>
> **R**elevant: are a valid measure of the results you seek to achieve
>
> **T**ime specific: provide clarity on when the measurement will take place

Indicator level	Indicator	Data source
Output	Number of family planning providers trained on gender advocacy for equity in birth preference	Program monitoring data
Outcome	Percent of couples who prefer sons to daughters (among those visited by a trained family planning provider)	Community KAP study

C. Data collection and analysis/reporting

Describe at least three ways you will address gender under each task.

Data collection:

1. _____

2. _____

3. _____

Data analysis/reporting:

1. _____

2. _____

3. _____

CASE STUDY: YOUTH EMPLOYMENT PROGRAM AND GENDER

The unemployment rate in country M is 12 percent, yet the rate jumps to 30 percent among young males and 55 percent among young females. Urban youth unemployment ranges from 35 percent to 60 percent. Youths (aged 15 to 25) constitute 35 percent of the total population in country M. The majority of those with no formal education beyond primary school are either employed in the informal sector or unemployed and looking for work. Much of the youth unemployment in urban areas is attributed to migration to towns and cities in search of work.

In 2020, a five-year youth employment program will start in five targeted counties. The program objectives are to increase competitiveness in wage employment and self-employment and decrease youth unemployment. The program has two major activities under this objective. First, it will build the technical and institutional capacity of selected local public and private vocational training programs and institutions to improve the soft and technical skills of youths and connect them to available jobs and careers. In working with vocational training programs, the program will pay particular attention to young women's access to them, including considerations of curriculum content, program structure, and logistics such as venue, time, and child care.

Second, the program will establish communication channels to provide youths with labor market information through career counseling, mentorship, and work-based learning opportunities. Through outreach to increase their understanding of the employment market, the program hopes to connect youths with potential opportunities for both wage-based formal employment and self-employment, starting and growing their own businesses.

You are part of the team for a mixed-methods outcome evaluation of this program. You will conduct a baseline in early 2020 and an end line in 2025.

Monitoring and Evaluation Definitions

Output The direct product of the program's activities. For example, for an entrepreneurial skills-building intervention, the number of women trained in small-business skills by community-based programs, or, for an HIV communication campaign, the number of messages related to gender and HIV that are broadcast by local radio stations.

Outcome The short-term and intermediate results of a program. Gender-related examples are joint decision making by couples, gender-equitable attitudes of health facility staff, and community attitudes toward GBV. Health behavior examples are a reduction in disparities in HIV testing by sex and increased use of FP services by males, both as beneficiaries and as supportive partners.

Impact The long-term health status outcome of the program, such as a reduction in sexually transmitted infection (STI) among teenage boys in your community or in unintended pregnancies.

Activities

A. Gender-integrated theory of change

Using the background information provided, draw a diagram or write a narrative describing a gender-integrated theory of change (TOC) for the program.

Consider the role of gender in the problem the program is trying to address; what the program is doing to address gender dynamics in its activities; and how addressing gender may lead to changes in the program outcomes that are the focus of the evaluation.

A refresher on TOCs: The general steps in developing a theory of change are 1) identify the long-term goal; 2) identify what conditions are necessary in order to reach that goal (backward mapping); and 3) note which program activities will create those conditions.

B. Indicators to measure success

Now that you have your gender-integrated theory of change, develop several indicators (including at least one that measures your final expected impact and one that measures the level of gender integration/change in norms). Consider both sex-disaggregated indicators and gender-specific indicators for this program.

In the table below, include the level of indicator (e.g. input, process, output, outcome, impact) and the expected source of data (e.g. facility observation; interviews; community knowledge, attitudes, and practices (KAP) survey; focus groups; and demographic and health survey).

Some examples from another program have been provided for you.

> Remember, indicators should be **SMART**:
>
> **S**pecific: be clear about the who and the what and avoid multiple subjects
>
> **M**easurable: can be counted, observed, analyzed, or tested
>
> **A**ttainable: measure expected results of the project
>
> **R**elevant: are a valid measure of the results you seek to achieve
>
> **T**ime specific: provide clarity on when the measurement will take place

Indicator level	Indicator	Data source
Output	Number of farmers receiving harvesting training (disaggregated by sex)	Program monitoring data
Outcome	Percentage of parents who believe it is equally important for girls and boys to attend secondary school	Community KAP study

C. Data collection and analysis/reporting

Describe at least three ways you will address gender for each task.

Data collection:

1. _____

2. _____

3. _____

Data analysis/reporting:

1. _____

2. _____

3. _____

ONLINE RESOURCES ON GENDER-SENSITIVE MEASURES

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