Standard Operating Procedure for **Integrating Gender in Monitoring, Evaluation, and Research**

What is gender?

Gender refers to a socially constructed set of rules, responsibilities, entitlements, and behaviors associated with being a man, a woman, or a gender-diverse individual, and the relationship between and among people within these constructs. Gender varies over time and within and between cultures, and intersects with other factors (e.g., age, class, disability, ethnicity, race, religion, citizenship, and sexual orientation). Gender is increasingly being understood as non-binary and more on a continuum. The term *gender* is not interchangeable with the terms women, men, sex, gender identity, or gender expression although these concepts are linked (USAID's 2023 Gender Equality and Women's Empowerment Policy).

How is gender different from sex and gender identity?

Sex refers to the designation of a person as male, female, or intersex based on a combination of anatomical and physiological traits such as hormones, chromosomes, internal reproductive organs, and genitalia. This is typically assigned to a person at birth.

Gender identity refers to a person's deeply held sense of self and what they call themselves, including woman, man, or gender diverse.

What are gender-sensitive indicators?

Gender-sensitive indicators address gender directly and go beyond sex disaggregation alone—for example, gender attitudes and norms, power differences, access to educational and economic opportunities, and gender-based violence. When possible, gender-sensitive indicators should be disaggregated by sex and/or gender identity. Gender-sensitive indicators make it easier to assess how effectively gender dynamics that negatively influence health service access and outcomes have been addressed (United States Agency for International Development [USAID], Automated Directive Systems [ADS], Chapter 205; USAID's 2023 Gender Equality and Women's Empowerment Policy).

What is gender integration?

Gender integration begins with identifying gender differences and inequalities and the resulting implications for specific programs, projects, and research. Gender integration is the process of addressing these differences and inequalities in the design, implementation, monitoring, and evaluation of programs.

Photo credit: Jonathan Torgovnik/Getty Images/Images of Empowerment

Why integrate gender?

To improve health and promote fundamental human rights. Gender-related issues permeate culture and its institutions, often leading to health inequities for everyone. Gender inequalities affect health outcomes and program implementation, and ultimately the success of programs. To correct and guard against the inequitable influences of unequal gender norms on health, public health information systems must identify sex-specific trends and provide information needed to eliminate inequities.

It is required. USAID, along with most bilateral and multilateral agencies, has a gender equality policy that directs funded activities. Data for Impact (D4I) is required to integrate gender and to have a formal gender integration plan. We have committed to integrating gender in all our work, and USAID holds us accountable for doing so (Why Gender Matters to USAID Programs, 2023 Gender Equality And Women's Empowerment Policy).

Which activities should integrate gender?

All of them. The purpose of this standard operating procedure (SOP) is to clearly identify ways to account for gender equality as part of the activity.

Often, monitoring, evaluation, and research staff find it difficult to think about their technical areas in terms of gender norms, dynamics, and inequalities and integrate those perspectives into their work. MEASURE Evaluation published a series of briefs that address gender in specific technical areas to help you think through gender's implications for health and research.

Where should I integrate gender?

At every stage of an activity. Gender should be considered and addressed in every stage of an activity, from planning and budgeting to implementation and dissemination. This begins with your initial activity workplan. Every activity should identify how gender is integrated as part of workplan approval. You need to explain specifically how you plan to accomplish gender integration. If you believe that gender integration is not applicable to your activity, state the reason why. Activities should report on gender integration in quarterly and semi-annual reporting. Indicate, for example, if a protocol has been designed that includes gender-related research questions; data collectors were sex- and age- matched to interviewees; data have been collected, analyzed, and reported on by sex; or if gender-sensitive questions were included in tools. There are ways beyond sex-disaggregated and gender-sensitive data in which gender can be integrated.

How do I integrate gender into my activity?

Below are examples of gender-related questions or actions that apply to work commonly undertaken in D4I's evaluations and research.

1. **Evaluation and research question development.** For studies where gender is the focus, or where the project under evaluation has a primary objective of addressing gender, research and evaluation questions that focus on specific gender concerns follow naturally. For evaluations and research that do not have a primary aim of addressing gender, activity leads should still consider gender in the development of the questions. Integration could take the form of one or more gender-focused questions, such as whether an activity effectively included women and men when reaching out to potential consumers or whether empowerment of girls increased over the life of an activity. At a minimum, your main evaluation and research questions should include subquestions ensuring that reported data are sex- and, ideally, also age-disaggregated, to the extent possible.

Example Scenario: My activity focuses on women and girls. Isn't it gender-integrated by nature?

No. Gender integration is not achieved through solely focusing on women and girls. Gender integration must consider the gender constraints that shape health-seeking behavior and health outcomes. It must also consider how gender norms may impact data collection and address gender in the analyses, reporting, and dissemination. For example, just because you have a family planning activity that focuses on data collection with women does not mean it is gender-integrated. Do you consider in your activity logistics how gender norms may affect your data collection's timing, location, or requirements for interviewer sex and age? Have you considered which gender-related norms are around family planning use in your context and included appropriate questions to assess their relation to your outcomes of interest? Is the reason for addressing family planning that access to family planning is critical to women's empowerment?

Additionally, just because your activity focuses on maternal and child health does not mean it is gender integrated. Are you looking at age, location, and SES as factors that might affect health seeking behaviors? Is the reason for addressing maternal health that access to health services is critical to health equity?

2. **Evaluation theory of change (TOC).** Have you considered how gender plays into the TOC for a program under evaluation? For example, which gender-based constraints could affect the program's ability to achieve objectives?

3. **Sampling design.** Is your sample size sufficiently powered to detect potential gender-related differences between groups where appropriate? For an evaluation, did you consider whether the program is anticipated to have differential impacts on women and men? Does your qualitative design include sampling men and women? If both men and women are not included in the sample, include a statement explaining why.

4. **Ethics.** Does the study involve a sensitive topic, such as gender-based violence, or a marginalized group, such as lesbian, gay, bisexual, transgender, or intersex (LGBTQIA+) people? If so, you will need to pay attention to how you protect participants to adhere to the ethical standards and procedures recommended by the World Health Organization (WHO). For example, specialized training, sampling procedures, and field procedures are required when collecting data on gender-based violence (GBV). Are there strategies to monitor for unintended consequences in such sensitive studies? Does your staff have gender expertise to be able to address these issues appropriately?

5. **Staffing.** Evaluation/research teams ideally should include members of diverse sexes and gender identities, and local researchers with relevant gender and cultural expertise. A gender-balanced team is particularly important in contexts in which cultural and gender norms prohibit women from talking to unrelated men or where women may not feel comfortable talking with men.

   If the evaluation examines gender at all, at least one member of the design team should be a gender expert with experience leading gender-focused studies. D4I also encourages engaging with local gender experts during the design and implementation of evaluations (See "Decolonization and gender" box).
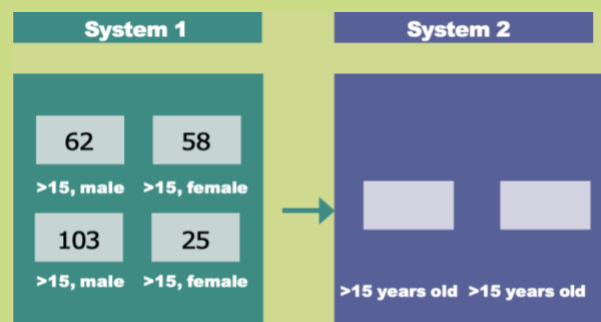
6. **Stakeholder engagement.** Gender equality begins by having the right people involved. Do the stakeholders represent the groups needed to talk about and promote gender equality in a meaningful way? In addition to these groups, what is the level of input from men, women, and LGBTQIA+ stakeholders, local women's nongovernmental organizations, community-based organizations, etc., in setting goals and objectives? Efforts should be made to engage men, women, and LGBTQIA+ people as stakeholders, if they are affected by or engaged in the activity in any way.

How does gender affect health information systems?

Health information systems (HIS) are an opportunity to collect data on a more routine basis for decision making. However, not all HIS are equal. Gender norms can influence the environment that determines from whom data are collected and for whom they are used. For example, more health data may be available for women because they are the prime users of health services. Less data may be available in civil registration and vital statistics (CRVS) because women are often disadvantaged HIS can explicitly measure certain gender equity concerns such as health decision making, couples' communication, male engagement in family planning, and gender-based violence. These elements should be built into systems.

Additionally, how and when systems include sex- and age-disaggregation can influence the interoperability of systems. Sex- and age-disaggregation are increasingly required in HIS, but not all systems adhere to nor have the same disaggregations. If data fields are not harmonized properly, disaggregates can be lost between systems.

7. **Tools/questionnaires.** Tools and questions should be piloted on both sexes, as applicable, and reviewed to ensure gender sensitivity. For example, a data collection tool may need to be sensitive to how the same term may mean different things to women and men, ask sex-specific questions to better understand different experiences of men and women, and/or collect information about the different roles women and men play in health.

Pronouns used should be gender-neutral. If you are collecting data from LGBTQIA+ people, you will need to be sensitive to differences in how people categorize their gender and sexuality and allow for appropriate self-reported gender and sexuality

categories. Also, consider the influence of stigma on their experience of the topic when you develop questions. D4I's website is a resource for guidance on how to improve the collection of data on sexual and gender identity; see, for example: Sexual Orientation and Gender Identity Measures for Global Survey Research: A Primer for Improving Data Quality.

In developing the database tools for HIS, does the database allow for entering sex- and age-disaggregated data? If a database tool allows for analysis of entered data, does it have the option to analyze by sex? Do two systems that are intended to be interoperable have the same disaggregations?

8. **Data collection.** Are you noting the sex[1] and age[2] of respondents when collecting data? Routine health indicators that are presented both for men and women or boys and girls should be collected and disaggregated by sex and age. Also consider disaggregating by other aspects of a person's identity including socioeconomic status, marital status, race, and sexual orientation. Would gender-sensitive indicators be relevant to your topic? Gender-sensitive indicators address gender directly and go beyond sex-disaggregation alone; examples are indicators pertaining to decision making about healthcare or finances, GBV, and gender-related attitudes. Gender can have a big impact on how,

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[1] In contexts where there is a third gender option, such as certain Asian countries, data should be disaggregated by gender.

[2] Age intersects with gender in determining the distribution of power in any society. Younger members of a society often have less power than older

individuals, and younger women/girls have less power than younger men/boys.

where, and when data are collected. For example, it may be important to make provisions for childcare for women attending meetings or to select locations that women can easily reach or where they feel comfortable. Here are some questions to ask yourself: Will the place or time affect your ability to collect data from certain groups? Are there men and women on your data collection team as interviewers, as appropriate, for the cultural context and study topic? Also, gender and power dynamics can be difficult to quantify, and using only quantitative measures of expected outcomes may overlook unintended gender-related consequences of interventions. If you are planning a quantitative study, consider incorporating qualitative methods, such as focus groups or key informant interviews, to help you better measure gender-related dynamics and potential unintended consequences.

9. **Data analysis.** Routine health indicators for men and women and boys and girls should be disaggregated by sex[3] and age during analysis. Are both sexes accessing and/or benefitting from the program equally? Do you see differences within age groups by sex? The different roles and status of women and men in the community, political sphere, workplace, and households may affect program uptake and results for women and men differently, even for such diseases as malaria. Sex and gender also interact with class, ethnicity, race, ability, and other important dimensions to affect results. Make sure that data analysis is informed by an understanding of the context, relationships, power dynamics, and so forth involved in the health topic. Gender-sensitive indicators should also be disaggregated by sex during analysis, when possible.

10. **Reports, publications, dissemination products.** As with trainings and workshops, it is important to ensure that all dissemination products, including reports and publications reflect gender integration, by using gender- sensitive examples, reporting sex- and age-disaggregated and/or gender sensitive data, or including gender-specific modules. Evaluation/research reports should always include a note in the Methods section about how the study

addressed gender. Consider developing gender-specific communications products such as briefs, blog posts, infographics, summaries, and social media toolkits. If the study looked at results for potential gender-related patterns but did not find any, you should still include a note about what analyses you did so that the readers know you considered gender. Reports should also include discussion of the results through a gender lens, as applicable.

Decolonization and gender
With our efforts to better integrate gender in our research and evaluation activities, it is important for us to also acknowledge the different conceptions of gender in different countries/cultures. It is especially crucial to partner with communities and local gender experts to better understand the history, definitions, and how colonization may have impacted the concept of gender.

In some contexts, the concepts of biological dimorphism and heterosexual patriarchy were adopted following colonization. One example of this includes the acceptance of gender non-conforming individuals in some societies including the official recognition of the *hijras* as third gender in India, Pakistan, and Bangladesh. Given these historical contexts, it is necessary for us to understand the role of colonization in shaping the understanding of gender in a community that we are working with. To do so, we need to think about the different stakeholders that we should collaborate with to get the best picture of gender in a specific society.

Source: Lugones, M. (2016). The coloniality of gender; Sanchez-Pimienta et al., (2021). Implementing Indigenous Gender-Based Analysis in Research: Principles, Practices and Lessons Learned; Exploring the history of gender expression, University of California (2019)

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[3] In instances where special surveys include self-identification of gender, particularly with respect to LGBTQIA+, data should be disaggregated by gender.
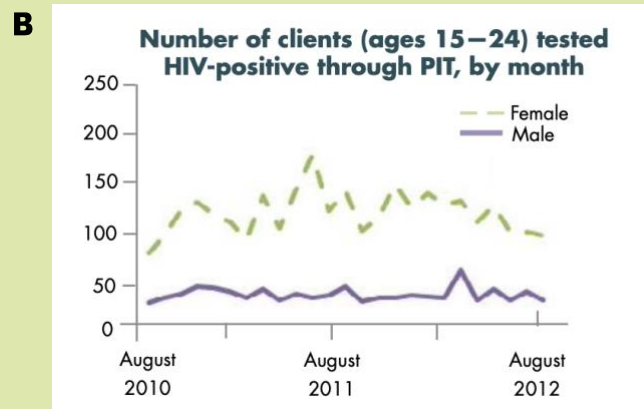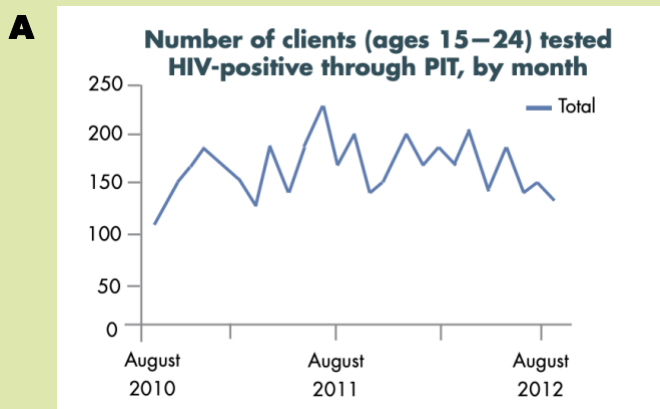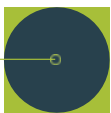
11. **Dissemination and use.** It is important to have a strategic dissemination and evidence use plan. Consider how you will disseminate results to your stakeholders and whether information needs by sex or type of group represented are different. Be sure to invite government and civil society representatives who focus on gender, in addition. to general subject area stakeholders. Will the dissemination of information favor one gender? Access to tools, trainings, and evaluation results can be empowering in itself. How will use of this evidence impact men and women? Will the information disproportionately benefit one sex over another? It is also important to ensure that results presented through various dissemination channels include gender indicators. Additionally, D4I's website maintains an "Integrate Gender" page which provides a one-stop shop for gender-related resources. D4I's dissemination efforts include concerted efforts to disseminate gender data and educate users about gender constraints and disparities. Through D4I's social media channels and website, gender-related evidence can be highlighted and shared via infographics, blog posts, and through participation in global conversations on international days and conferences.

12. **Trainings/workshops.** Offer examples in trainings and workshops that reflect gender integration (e.g., in a workshop on data analysis, highlight the importance of analyzing data by sex to identify any gender differences). Additionally, D4I gender staff can conduct a specific module or session in trainings or workshops to highlight the importance of gender in research and evaluation. The gender of trainers and participants should also be noted and reported. Is there a gender balance? Are there differences in active participation by men and women during the training? If not, what can you do in the future to have more balance between genders?

Why is it important to disaggregate by sex?

Below are two graphs showing data on clients who tested HIV-positive by month between August 2010 and August 2012 in a country in sub-Saharan Africa. The overall trend in the two graphs is similar, but the difference between men and women is obvious only in the sex-disaggregated graph (Graph B). It is clear that more women are testing positive for HIV, but this also could mean that more women are getting tested. Being able to compare data by sex leads program managers to question why fewer men are being tested, and if that is an area that needs improvement.

A

Number of clients (ages 15–24) tested HIV-positive through PIT, by month

B

Number of clients (ages 15–24) tested HIV-positive through PIT, by month

Gender integration: Language

Instead of	Use	Why?
Sanitary products	Menstrual products, period products	"Sanitary products" implies that periods are unclean. This reinforces the stigma around menstruation and female reproductive biology. Around the world, people have been discriminated against because they menstruate, and a large part of the reasoning is that this makes women "unclean." "Menstrual products" describes the same items and is universally understood, but does not carry these negative connotations. It is factually accurate and neutral. "Feminine hygiene" further assumes that menstruation is innately feminine and does not include people who menstruate who do not identify with femininity, i.e. non-binary people and trans men.
Victim of violence or rape	Survivor of violence or rape	"Survivor of rape" gives agency to people who have experienced rape and avoids disempowering them by labelling them as victims. It also emphasizes that the experience of rape is something people have to live with thereafter.
Expectant mothers	Pregnant women, pregnant people/individuals	"Expectant mothers" reinforces gender stereotypes and assumes that the woman in question wants to continue the pregnancy/will carry the pregnancy to term. "Pregnant women" is a more neutral, less loaded term. To be more inclusive of gender non-binary, trans men, or gender non-conforming people, "pregnant people" or "people who can become pregnant" can also be used.
Gender minorities	LGBTQIA+, gender non-conforming	Labelling people as "minorities" cements their position as an "other" within a power structure and implies vulnerability. LGBTQIA+ is more inclusive of a broader range of expressions of non-conformity with gendered social norms.
Child marriage or early marriage	Forced marriage	"Child marriage" as it is never legitimate for a child to marry. Marriage below the age of consent is always forced marriage.
Poor women and girls	Women and girls living in poverty	"Poor women and girls" implies that being poor is an inherent characteristic of who they are, rather than their situation. The term also implies that women and girls who live in poverty are a homogenous group and primarily characterized by their economic situation.
Transgendered, transsexual	Trans, transgender, transgender people	"Transgendered" implies that something that is done to people. While "transsexual" has been used historically, and some people still identify with the term, many people consider it a slur so we should favor "trans" where possible.
Attitudes, behaviors	Social norms, social beliefs, collective beliefs	It is important to not confuse personal attitudes or actual behaviors with collective belief systems. If you are writing about attitudes or behaviors rooted in social norms, it is best to be clear about this and acknowledge the historical and cultural context.

Instead of	Use	Why?
Biological male/female, male/female bodied, natal male/female, and born male/female	Assigned female/male at birth (AFAB, AMAB)	No one, whether cisgender or transgender, gets to choose what sex they're assigned at birth. It is important to avoid the terms in the first column to respect the identity of transgender people.
LGBT, LGBTQIX, homosexuality, gay and lesbian (if used alone to refer to the whole LGBTQIA+ community)	LGBTQIA+ (An acronym that indicates the spectrum of lesbian, gay, bisexual, transgender, queer, intersex, asexual + other people whose identities are not heterosexual and cisgender).	There are different versions of this acronym that include different letters to represent different groups. For instance, some people consider the +(to indicate others not explicitly covered in this acronym) to be insufficient. There are differing views, depending on the context, so using LGBTQIA+ is not the most accurate term and it is important to consult with the community that you are working with to hear their preferences.

Source: Inclusive Language Guide. (2023). Oxfam. https://doi.org/10.21201/2021.7611

How to integrate gender (A quick guide)

Are you collecting data?
- Make sure data collection procedures acknowledge local gender context (e.g., who should interview whom, where, and when).
- Train interviewers on any special ethical or safety protocols related to gender.
- Include gender-sensitive indicators.
- Collect qualitative data to allow for better measurement of gender dynamics.
- Consider what needs must be addressed to allow both men and women to participate in data collection efforts, as applicable (e.g., transportation, child or elder care duties, interpreters, safety).

Are you analyzing or reporting data?
- Disaggregate by sex.
- Include gender-sensitive indicators; disaggregate these by sex and age, as applicable.
- Look for differences by sex and age group, gender identity, and sexual orientation during analysis. Also, examine how sex and gender have interacted with class, location, ethnicity, race, ability, and other important dimensions to affect results.
- Report sex- and age-disaggregated data; if there are no differences in these subgroups, note this in the text.

Are you disseminating results?
- Include local or regional institutions, departments, and civil society organizations that focus on gender among the target groups for dissemination.
- Ensure results include information on gender integration.
- Consider whether information needs by sex or type of stakeholder group are different.
- Work with stakeholders to create an action or use plan based on findings and additional information needs, including gender.

Are you conducting a training or workshop?
- Include examples that are gender-sensitive or that highlight sex/gender differences.
- Include a specific gender module or session.
- Recruit men and women as participants and track attendance by sex.

Are you creating tools or publications?
- Use gender-sensitive examples or create gender-specific products for dissemination.
- Include a call-out box that explains the importance of sex- and age-disaggregated data and analysis.
- Include a specific gender module or chapter.
- Have gender experts review and help you integrate gender throughout.

Are you conducting a program evaluation?
- Consider how gender might play a role in your theory of change and include it as applicable.
- Include a gender-focused evaluation question or subquestion.
- Include a question on unintended consequences and on program implementation.
- Ensure that your design allows you to determine whether men and women are impacted differently by the program (e.g., is the sample size adequate to look at those subgroups?).
- Ensure that stakeholder involvement reflects the relevant diversity dimensions of stakeholders (e.g., class, race, ethnicity, age, ability, sexual orientation, religious or political affiliation).